

THE AMERICAN JOURNAL OF NURSING

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THE AMERICAN JOURNAL OF NURSING

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NO. 1

EDITORIAL COMMENT



NOTABLE PUBLIC HEALTH REPORTS

Two annual reports recently placed on the editor's table are of great suggestiveness and absorbing interest. One is the second volume of the *Transactions of the American Society of Sanitary and Moral Prophylaxis*, that society whose object, as stated in its constitution, is to limit the spread of diseases originating in the social evil, and whose president is Dr. Prince A. Morrow, 66 West Fortieth Street, New York. The other is entitled "Child Labor and Social Progress," and is the proceedings of the fourth annual meeting of the National Child Labor Committee, whose headquarters are at 105 East Twenty-second Street, New York.

MORAL PROPHYLAXIS

Of the movement stimulated by the former of these two societies, we can feel no doubt whatever that it may be regarded as the most prominent and most important piece of preventive work which confronts the medical profession to-day. The frightful filth diseases of a former age are conquered. Smallpox may be made non-existent by systematic vaccination; diphtheria has lost its terrors in the face of antitoxin; the few remaining diseases that still defy research, of which scarlet fever and cancer are the worst, will soon be probed, we cannot doubt, as to their causes. The great white plague, tuberculosis, is being assaulted by all the forces of society with daily increasing momentum. There can be no doubt that the great black plague is the worst enemy of health, efficiency, and happiness that the world holds to-day, and this all the more because it has been left to the last, with amazing hypocrisy and cowardice, as if by being ignored it could be made innocuous.

The impressive and striking features of the *Transactions* are, first, that this society joins the medical profession and the laity in a common

effort, and calls laywomen as well as professionals to its councils; second, the unanimity of conviction that the young must be taught sexual physiology and morality at an early age, the only question being one of the best method; third, the courage and force with which the younger physicians protest against the bondage of the "medical secret" which makes them, as they declare, *particeps criminis* in exposing the innocent mother and child to a horrible infection, and the general opinion that health boards must require the reporting of venereal diseases and must quarantine, and, generally, control them as they now do other infections. On this point Dr. Egbert H. Grandin, of New York, said: "As parents learn, as young men and women learn something definite about the venereal diseases, public opinion will demand that the physicians be freed from this antiquated shackle, and the boards of health—whose powers are well-nigh infinite in face of infectious diseases—will make it mandatory on us to report diseases which Morrow has aptly said do not exist officially."

A paper of remarkable practical value in this volume is one by Dr. Helen C. Putnam, of Providence, R. I., which takes up the present status of the teaching of hygiene, physiology, and sex morality in public and normal schools. The statistics given of an inquiry in twenty cities are profoundly impressive as showing the almost complete absence of such teaching, the imperfect knowledge which teachers themselves have, with few exceptions, and the general timidity in approaching the subject. The wide-spread neglect in our schools of practical teaching on these lines emphasizes Mrs. Robb's remarks in Richmond as to the opportunities for nurses in the public schools. Those teachers who have realized the import of sex teaching believe it will come best in the study of biology, or, with very young children, nature-study. It is to be hoped that many nurses will interest themselves in this educational movement. All whose time and means permit should become members of the society. The dues are two dollars. They will then receive all its literature. Nurses who have the opportunity of speaking to parents will do well to recommend for their reading "The Boy Problem." It may be ordered from Dr. E. L. Keyes, Jr., 109 East Thirty-fourth Street, New York, price ten cents. This is written especially for parents, and is most valuable. Other literature which may be ordered is: "The Young Man's Problem" (price ten cents); "Educational Pamphlet for Teachers" (ten cents); and "The Relation of Social Diseases with Marriage" (twenty-five cents). Reprints of Dr. Potter's papers on "Venereal Prophylaxis," published in the JOURNAL in February and March, 1907, may still be obtained for fifteen cents each from the editorial office.

CHILD LABOR

The child labor report is equally sad reading. What a commentary on our big rich country to read of the "progress" reported, that one state, full of cotton factories, has raised the age limit of children from twelve to thirteen for day work and to fourteen for night work. Nurses, who know their night duty, think of children of fourteen working all night in mills! Another piece of "progress" is the working age raised from ten to twelve! Still another state has some "progress"—children's working hours reduced from sixty-six to sixty hours a week. An interesting combination secured the first child labor law in Florida,—the labor unions and the women's clubs working together. Amidst the dreary and statistical desk-talk of the men's papers in this volume, the vivid, positive, vital addresses of Miss Jean M. Gordon, factory inspector of Louisiana, and Mrs. Florence Kelley, general secretary of the Consumers' League, give a hopeful feeling, for as long as such women as these are on the fighting line, victory cannot fail to come sooner to the right, than if their brave, fearless, outspoken words were never heard.

THE PLAYGROUND MOVEMENT

As we close our pages, the public press is giving a report from the play congress which has been in session in New York. Figures taken from the report of Dr. Henry S. Curtis, secretary of the Playground League of America, show that more than twelve million dollars a year are being spent for play in this country. This does not include the amount spent by individuals for toys or by clubs for athletic amusements, but represents the amounts that municipalities, boards of education and private philanthropists have provided for playing places for children and adults, so that they are not obliged to seek their recreation on the streets and on street corners.

The popular sentiment seems to be that every dollar spent for play under these new educational conditions reduces the expenditure for the prevention and punishment of crime and for property losses through crime.

Dr. Curtis's report shows that 177 cities maintain playgrounds, 76 support play places as municipal charges, 36 are maintained by boards of education, and 69 by private individuals and organizations.

Anyone who has lived in a neighborhood where there are boys from six to sixteen, left to roam free through the summer vacation, cannot fail to be interested in the importance of this movement. Small playgrounds at frequent intervals through every city are rapidly becoming an absolute necessity.

AS OTHERS SEE US

For the past year or two, hospitals, physicians, and students of the nursing situation have been greatly concerned over the shortage of applicants for training in our hospitals. Exhaustive reports have been submitted, papers have been read, and controversies have taken place in meetings and magazines, and the consensus of opinion has been, to sum it up briefly, that nurses' work was too hard, their hours too long, their period of training in proportion to their years of service too great, the growing requirements unreasonable, and the pay too small, with a working life too short to provide for the future.

The *Woman's Journal* has been making a study of the cause of the shortage of men and women in the teaching field, as illustrated by the fact that last winter five hundred grade school positions were vacant in New York City, and thirty-five in Chicago, while a famine of teachers existed in Nebraska and the Dakotas. The causes of this shortage are given briefly thus: the increasing requirements of teachers without a corresponding increase in salaries; the long term of preparation,—six or eight years of hard study after leaving the eighth grade; the necessity for foreign travel and for a knowledge of languages, music, drawing, etc.; the passing of a physical examination which rejects candidates having poor teeth or imperfect vision; the brief period during which they can work at their profession, women being undesirable after the age of forty and men after forty-eight; the small pay and the inability to provide for old age.

Carrying the study of this subject further, the writer of this article takes up the subject of the effect of different occupations upon woman's opportunity for marrying and cites the result of some investigations made by a woman's club on the subject: "Which class of women are most apt to marry and which marry the best (i.e., marry men of the best character and ability, and the most prosperous circumstances)? The club members hunted up all the available statistics on this subject. They took an average of the individual opinions of many men and women of large experience of society and the world. This was the result: The occupations of women most apt to marry and most apt to marry well ranked thus: (1) *trained nurses*; (2) *musicians*; (3) *business women*; (4) *society women*; (5) *teachers*."

The result of this investigation, if broadly advertised, ought to have the effect of bringing in multitudes of recruits to the nursing profession, and of cheering those down-hearted nurses who thought they saw the

end of their careers in sight. Let us advise those of the latter class before it is too late to make a special study of personal attractiveness. The neat and trig effect of the nurse's uniform is, we believe, their best drawing card.

But seriously speaking, this commentary on teachers and nurses and other women workers shows that the demand for educated women for cheap labor is not being met because of the still greater attraction of home life, however simple.

OFFICIAL COURTESIES

In looking over a leaflet issued by a hospital in our home city, we noticed an expression of gratitude for theatre tickets sent for the nurses' use by a member of the Woman's Board of Managers.

Such little acts of thoughtfulness as this help to create a bond of personal interest between the pupils of a school and those who plan for their welfare. Too often a nurse graduates and pursues her professional career without knowing, even by sight, the women who control the affairs of the school, and these women, in turn, know nothing individually of the nurses they are sending forth. Only the president of the board who makes a short address at graduation or gives out the diplomas comes into even momentary touch with them.

We do not make a plea for patronage,—for condescension is injurious to both the giver and the receiver of favors,—but for a cordial, friendly spirit, expressed in the form of an invitation to tea or to a lawn party, at which the nurses, so shut out from all social life during training, shall have an opportunity to meet their hostess' friends. Or an automobile or carriage could sometimes be sent early in the morning to give a breath of air to the tired night nurses, who have been working so anxiously while others were asleep. If such courtesies could be extended further to the alumnae of the school, so much the better.

We hear, until we are tired of hearing, criticism of the conduct of private duty nurses. Have those who criticize ever tried to give these nurses a chance to mingle with women of such good manners as they wish them to possess?

On the other hand, women on hospital boards, who only know their nurses professionally, would sometimes find in the superintendent of a school, or among her head nurses, pupils, or graduates, women of education, culture and charm, whose acquaintance would be an addition to their circle of friends.

A SUMMER SCHOOL FOR ATTENDANTS FOR THE INSANE

DURING this last summer a new and most successful experiment was tried in Illinois. Miss Julia Lathrop, who has been working so earnestly for years to better conditions for the insane, and is now a member of the State Board of Charities, suggested that the Chicago School of Civics and Philanthropy should have a section devoted to teaching attendants of the insane how to interest and occupy their patients. With the coöperation of Governor Deneen and the superintendents of the various state hospitals for the insane, a number of representative attendants were granted leave of absence for five weeks at full pay, with an allowance for room and board, that they might attend these sessions. Attendants were present also from New York, New Jersey, Indiana, and Nebraska.

Lectures were given on psychology, psychiatry, pedagogy and social welfare, but the most important part of the course was the teaching of different occupations suited to the mentally sick and the application of the principles taught in visits to nearby asylums. These students go back to their work with a new view of the possibility of interesting, arousing and educating their patients by useful occupations and amusements. They intend to keep in touch with each other and to compare the working-out of their methods.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

THE nursing section of the tuberculosis congress in Washington on October 1 will have been held before this JOURNAL reaches most of our subscribers. The congress is to remain in session until the thirteenth of October, but the last week is to be devoted to lectures and clinics by distinguished foreigners and to the exhibit, which, according to the *Journal of the American Medical Association*, will be quite as valuable educationally as the meetings of the sections of the congress, held from September 28 to October 3.

There has been a lack of clearness in regard to dates and announcements which has made it difficult for us to give as detailed an account of the congress as we would wish, but it is not too late for nurses who have not been able to attend the earlier meetings to avail themselves of the opportunity to study the exhibits and to hear many interesting speakers. Washington is never more beautiful than in October.

A series of special lectures by some of the distinguished congress speakers are to be given in Philadelphia, Boston, New York, and Balti-

more, and many nurses who cannot attend the congress may have an opportunity to hear them in these places.

ABOUT SUBSCRIPTIONS

WE begin our new JOURNAL year with our subscription list larger than ever before, but in comparison with the thousands who, we know, read the JOURNAL each month, the list is ridiculously small.

The JOURNAL was started for its educational value, and we do not begrudge any nurse the reading of it for nothing, but we think there are many women able to pay the subscription price who should do so from a sense of loyalty to the official organ of their profession.

Each year, through carelessness in renewing promptly, many nurses have the disappointment of breaking their files. Some numbers go out of print very rapidly, others remain on our hands for months. Just why this is cannot be explained, but to those who would preserve their files, prompt renewal is necessary. The greatest number of expirations come at this time of year.

THE ILLINOIS BOARD APPOINTED AT LAST

FROM newspaper items and personal letters we learn that the board of nurse examiners has been appointed by Governor Deneen, though as the formal commissions have not been received the state association is not ready to make its official announcement. We are told that the following will be members of the board: Miss Hay, of the Illinois Training School; Miss Henderson, secretary of the state association; Miss Wheeler, of Quincy; Miss Harrahan, Chicago; and Miss Matthews, Virginia, Ill.



It is gratifying to find so many subscribers remembering to give their old address when changing to the new.

DON'T forget to order your nursing literature through the AMERICAN JOURNAL OF NURSING.

WHAT A NURSE SHOULD BE TAUGHT *

By MARY S. GILMOUR, R.N.

Late Superintendent New York City Hospital Training School

To attempt to cover the ground of what a nurse should be taught in a ten-minute paper would be impossible, so that a few points indicating the needs of a nurse and the reason for such needs is all that can be done.

The demands upon the nurse of to-day are so many and so varied that the training of twelve years ago fitting her for private duty, which was practically the only field open to her, is not sufficient now.

So many new avenues are developing, so many calls of a most unexpected nature have come, that the knowledge of how to make a bed, to take temperature, pulse and respiration and note results are mere rudiments of the training the nurse must have to-day. Not only must she be fully trained to care for patients who are doing well in typical cases of illness, but she must know the danger and complications likely to arise and be able to guard against them, and report the earliest symptoms of such changes, and should emergencies arise be able to do the right thing, at the right time, till the doctor arrives.

Over and over again has the nurse been criticised for inability to report a change in her patient's condition, generally attributed, perhaps correctly, to her lack of training, but more likely conditions were such that only a nurse with long practice in careful observation of similar cases would have been able to recognize the change; and yet with such responsibility on her shoulders the cry goes forth that we are overtraining our nurses, because we feel they should have a more thorough knowledge of nursing special diseases which can only be obtained by experience and observation, each of which is gained only with time and opportunity.

Doctors of to-day are depending more and more upon nurses. Those in the city are so rushed that often a serious case of illness must be left in the nurse's care while the doctor makes other visits and also for long hours during the night watches. If this is true of the city doctor and the city nurse, how much more true is it of the country where long stretches of miles, perhaps, lie between the homes of the patients, and the telephone and telegraph are too far away to be of any help.

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnae, San Francisco, May, 1908.

In the hospitals, what superintendent does not sigh when she compares the methods and demands of twelve or fifteen years ago with those of to-day. Since it has been demonstrated that young women of excellent, more often superior, attainments and character are willing to take up training as nurses and join themselves unsparingly to the care of those sick in hospitals, these institutions have sprung up like mushrooms all over the land and now the demand for nurses far exceeds the supply. But no intelligent young woman will venture forth to merely make beds, give a dose of medicine and note same. She is neither sentimental nor mechanical, our young woman of to-day, she is sensible, intelligent and observant, she is making a business of her chosen field of labor and she will go where she can get the best training for that field, and her physician and patient will receive the benefit of her skill.

What then should be taught?

1. Hygiene and Sanitation.—This subject should be made a personal one to our pupils while they are learning to apply its principles to the surroundings of their patient.

2. Anatomy and Physiology.—How can a nurse care properly for broken limbs, how can she change such a patient's clothing and bed linen unless she knows how to avoid strain upon the seat of injury? A busy doctor scarcely expects to tell a nurse how to handle a patient with a fracture of the neck of a femur or with broken limbs. To know that is part of her training. Massage is also demanded of the majority of nurses and this calls for a special knowledge of the subjects of anatomy and physiology.

3. *Materia Medica*.—No doctor expects to watch the effect of the medicine he orders, unless in very special cases. The nurse must give it and know that she is giving the right dose and know what effects to expect, and report to her doctor. A young man, the idol of his mother's heart, was sleeping under the influence of morphine, after a period of extreme agony. The mother remarked, "What a relief it is to see him sleeping so quietly and breathing so comfortably after what he has gone through," but the nurse had quietly sent this message to the doctor: "The patient is sleeping heavily; respirations 16, and falling lower." She needed her knowledge then.

4. Bacteriology.—What surgeon of to-day would allow a nurse inside of an operating room who had no knowledge of sterilization or antiseptics. What physician would employ such an one when he knows that her ignorance would probably permit her to present herself for an obstetrical patient when she had just left one with diphtheria or scarlet fever?

5. Dietetics.—This must cover the chemistry of foods as well as the

special foods for special diseases and the preservation of food. The nurse must be able to give directions for caring for food as well as preparing it. How many baby lives would be sacrificed did not our nurses understand the care of their food?

6. *Massage*.—This is absolutely necessary for bed-sore prevention, for surgical cases after removal of splints, etc.

7. *Practical nursing by lecture and demonstration*, and this subject seems endless. Over and over again have schedules been prepared to cover this ground, only to find that an important point had been overlooked. Lack of time, of teachers, and of opportunity would leave some senior nurse or graduate helpless in an emergency. A doctor may find some special treatment in some European hospital beneficial to a certain class of diseases. He comes home and the superintendent is consulted in regard to establishing it in his wards for his patients, and so we find numerous specialties introduced in various wards by different doctors for special diseases, the number only limited by the capacity and finances of the hospital. The nurses must be trained to do the work, or the school is failing in its curriculum. It takes two full years to teach the general practical nursing of medicine, surgery, obstetrics, gynecology and children's diseases, without touching specialties or contagion. Allowing five months for night duty—a month in each of the above sections—this leaves nineteen months, three months in each section, and only four months as a margin for food studies and practice, emergency work and the operating room.

When the nurse goes to private practice she naturally expects to work for the doctor under whom she has trained, and he surely will introduce some of his specialties into the private homes of his patients and the nurse must be sufficiently familiar with the methods employed, results expected, to improvise apparatus if necessary.

So far we have mentioned only one field, private nursing; our pupil has had no training for supervising nurse, for teacher, for superintendent. Nurses are demanded in the army; in the navy; as sanitary inspectors; as district nurses; school nurses; in philanthropic work; in the missionary field, and, in fact, wherever a community of people are gathered, there the nurse is in demand.

The nurse's education cannot be fully outlined, all we can do is give her a solid foundation to begin on, in general principles of nursing, teach her what normal conditions are so that she may readily detect any departure from them, and develop her judgment and self-reliance so that should she meet a special condition where this education is not sufficient she will know when and where to turn to gain the required help.

Practical nursing has been placed seventh on the list, as the other subjects should be taught as far as possible before the nurse handles sick people.

This paper should close here but a word must be added for the pupils in training. The training is very hard, the life is a self-sacrificing one at its best. It is devoid of pleasures except those to be grasped at the moment. What nurse, for instance, can make an engagement for two weeks ahead? The subject of the nurse's hours in the practical work of the wards should receive the most earnest consideration and the view from the pupil's standpoint given some greater prominence than it has had in the past.

We are through, and know what it all means. We know many things were unnecessarily hard. There are still enough discouragements to meet those in training at the best but we know present conditions might be improved and should be. So let us turn our efforts to this end.

If preparatory work in training for teaching, for superintendents and for special fields could be given outside of the hospitals and only the practical part kept for the hospitals it would relieve much of the strain on the training schools of to-day and on the pupils in them. One or two colleges have taken up the preparatory work, and Columbia has a training school for teachers, but so far the majority of schools are bearing the burden of the complete training, with varying results.

HELPS TO SUCCESS IN PRIVATE DUTY

By GERDA M. ANDERSON

Graduate of the Lakeside Hospital, Milwaukee

I WRITE with the hope that these few lines will be a help to some of my fellow-nurses just ready to start out on the uneven path of private nursing.

I know of nurses who, with or without reason, will refuse call after call, just because it does not happen to suit their personal taste. One does not want to nurse among the wealthy, because she feels slighted at times. Another objects to nursing among the poor because it is too hard work. Of course everyone is free to choose her work, but I wonder whether any doctor or anybody in charge of a nurses' register will keep on calling a nurse, who is always ready with an excuse, instead of cheerfully responding to the call.

I have heard these same nurses speaking about luck,—good or bad. It rests with ourselves to make or mar. Luck certainly does not come

to anybody who sits with folded arms, waiting for it. How can we expect to have patients or their homes made to suit our personal taste? We cannot always have things just as we wish in our own homes.

The nurse who entered a training school because she loved the work and felt a great desire of wanting to be helpful to others, and who has allowed this noble feeling to develop as she has gone along, will never think of refusing a call except for some very good reason. She is needed and wanted, and this is to her sufficient reason for responding cheerfully. She will always be wanted by the doctor and her former patients, and need never know "hard luck," as far as work is concerned. She will bring into the homes where she is called, hope and help, and be a blessing for her patient as well as the rest of the household, leaving an empty space when she goes. They will all miss her and for many a day talk about her as a ray of sunshine who came to warm and cherish when things looked so gloomy.

I have often wondered why nurses seem to be subject to more severe criticism than the average woman. But since it is the fact, and so much is expected of us, let us be our own critics, putting ourselves in the public's place, and try to come as near to the expected mark as possible. At least, let us do the best we know how, with our one talent.

It is not the actual care of the sick, which proves the hardest task, for this we have all been taught as our A, B, C, and to the true nurse it will always be interesting enough to bring out the best in her. But on private duty more is expected of her; at least, more is hoped for. She must be a woman in this word's fullest meaning, ready with good sense always, and a kind word for everybody. It takes an endless amount of tact, it is true, to always know what to do, and how to do it, since our patients live under such different circumstances, sometimes without any servants and then again with a score of them. A nurse is often more criticized in the homes with many helpers than where there are none. This, I am sure, is not because of neglected duties, as she saw them, or because her patient's comfort was not her dearest consideration, but perhaps she was sometimes afraid of lowering herself or her profession in doing tasks where she would fall on a level with a domestic. I wonder if this might not be called false pride; it is a mistake I know more than one nurse has made. Honest work will never degrade anybody, and since we all serve, from the ruler of a nation down to his humblest subjects, we ought not to feel that any help we can give to others, whether these are above or beneath us in standing, will lower us. A kind word and deed will always be repaid. Often all that is necessary to start the house-

hold wheel in the right direction is a bright and cheerful good morning. It would be well to remember that

"Hearts like doors will ope with ease
To very little, little keys;
Then don't forget that two are these
Thank-you and if-you-please."

A nurse must insist upon her daily hour or two off duty. It might have to be given up, for the sake of her patient, for a few days, but for this same reason, her patient's welfare, she must try to arrange things in such a way that it will not be necessary long. Somebody can always be trusted to stay in the sickroom for at least a half hour at a time, and during this precious hour I advise all my fellow-nurses to take a good, brisk walk, no matter what sort of weather. There is no panacea in the world like it to send away the blues; it not only cures but prevents this ailment. I would rather sleep an hour less than miss my outdoor exercise, even when sleep seems the most precious of all things.

It is also impossible to go on with nursing without, at least once a year, a little recreation, change of scenery and surroundings for a few weeks. If possible, travel a bit. We need to broaden. The changing about among patients is not sufficient, as we also need to live our own lives once in a while, for when on duty it is our patient's and not our own we usually live. A trip abroad is splendid once in a few years. Even if we have to spend the earnings of several months' hard work, it pays in the end—for "all work and no play makes Jack a dull boy."

AN INEXPENSIVE OUTFIT FOR AN OBSTETRICAL CASE

By SINAH FILE KITZING

Graduate of the Illinois Training School for Nurses

SUGGESTIONS for an obstetrical case which includes all the necessities and costs very little over five dollars may be welcome to some of the JOURNAL readers.

The list of all sterilized articles is as follows:

4 sheets	breast pledgets
12 towels	2 bed pads, one yard square
1 binder	applicators
flannel receiver for babe	2 nail brushes
8 dozen vulva pads	tape for cord
12 cord dressings	

These are wrapped in cloth covers, steamed over the boiler for an hour, and dried in the oven.

4 jelly glasses with covers	bed-pan
2 granite basins	bowl and pitcher
1 granite pitcher, 3 pints	fountain syringe

These are boiled for twenty minutes and slipped into fresh pillow cases ready for use.

To make up the above list the patient buys:

20 yards hospital gauze at 5c.....	\$1.00
2 pounds absorbent cotton at 35c.....	.70
2 rolls quilt cotton at 20c.....	.40
box toothpicks05
2 nail brushes at 15c.....	.30
narrow linen tape03
rubber sheet	1.00
pitcher35
2 basins45
bed-pan	1.00
	<hr/>
	\$5.28

The jelly glasses hold sterile applicators and boracic acid solution for baby's basket and the breast tray. The bowl is for hand solution, the large pitcher for keeping cold sterile water. These are a part of household furniture, as are the sheets and towels. If the fountain syringe is in good condition it need not be new, for it is thoroughly boiled. The receiving flannel is usually an old piece of soft blanket. Breast and abdominal binders are provided by the nurse.

From twenty yards of gauze are cut coverings for two bed pads, one yard square. The cord dressings and breast pledgets are cut four inches square through eight thicknesses of the material along the folds. All the remaining gauze is used for vulva pads, and makes four dozen, sixteen inches long, and four dozen eighteen inches long. All are four inches wide when finished. The cotton is cut the length of the gauze and no ends are folded over. These are rolled tightly from end to end and put up in packages of eight. Two ten-inch lengths of tape are folded in paper and sterilized in an envelope.

This outfit includes no drugs. The doctor for whom I have worked has a list at the drug store and the patient orders her physician's box. All packages in it are sealed, and those not opened are returned and

credit given for them. The doctors usually prefer the moist borated gauze for sponges and dressings during labor, so no other provision is made.

From this box are always used the lysol, green soap, bichloride tablets, alboline and boracic acid, but the catheters and hypodermic tablets, ergot and other possibly necessary things are there to be used if needed. Three or four dollars usually covers the expense in drugs.

OLD BELLEVUE

(Founded on Fact)

By SR. M. MERCEDES

Convent of Mercy, Manchester, N. Y.

It was on one summer evening, long ago, 1881, I think. The night nurse, Miss Watson, had just come on for the night and had been attracted to Ward Two, the boys' surgical, by suspicious noises. By good rights they should have been all in bed and sleeping the sound sleep given to all good boys, but who ever knew boys to be asleep on a summer evening at eight o'clock? There was one comfort, however, when once asleep they might as well have been out of the hospital for all the trouble they gave until morning. The boys, as has been said, were surgical cases and in pretty fair condition physically.

Miss Watson found the ward the picture of neatness, quiet, and order, with the twilight streaming at either end of the ward. But this did not in the least deceive her, she had been there before. She had heard a boot go whizzing across the ward and sounds of suppressed laughter before coming in and she knew, moreover, just where to place it. Crossing the ward she went up to a bed near the door, which led into Ward One, the men's surgical, and placed her hand on a red, curly head, exclaiming as she did so:

"Now, Timothy Reardon!" then changing her tone she went on: "Your hair is still wet from your bath. I thought all you boys had your hair cut this morning."

"Fritz said," giggled a boy opposite, "that he didn't dare to cut Tim's hair for fear 't would set the hospital on fire."

"Just you wait!" threatened Tim vindictively.

Then there was silence, for all heard the measured tread of the stretcher man bringing in a case to Ward One. As they passed through, the boys saw that an immense man lay on the stretcher with that quiet

immovableness that can only come when life has nearly departed. Walking beside it was a little woman shaking with suppressed sobs, while behind a policeman followed closely.

"A cop!" gasped the boys as the sad little procession passed on through the door into Ward One.

"Now what did I tell you," said Miss Watson, "Mr. O'Rourke, the warden, has had to send for the police to bring order into this ward and if I hear another sound in here to-night I will tell the officer to take half a dozen of you down to the Tombs in his 'Black Maria' which is standing out there in the yard waiting for you."

The lads, evidently thinking the matter had become serious, curled down in their beds and set themselves in earnest to the business of going to sleep, and Miss Watson, who was night nurse on all the first surgical division, passed into Ward One.

They tell me there are great changes in the old hospital and I know not if Ward One is even in existence now, but in those days it was a bright, sunny ward with French windows running down to the floor. They were behind the row of men's beds and looked out on the East River which ran almost within a stone's throw.

The last bed on this row was surrounded by a screen and the young house doctor with the orderly, Fritz, was behind it, undressing and examining the patient, while the officer looked grimly on. The little woman, glad to see one of her own sex, came close to Miss Watson and began to pour out her tale of woe between gasps of heartbreaking sobs.

"We were only married this morning." Miss Watson gave a little exclamation of sympathy. "Yes, my man, John Morris, and I have been waiting two years, and only last week he got a letter from his brother that he had staked out a government claim for us and that we were to come right on. We were on our way to the station and were going, oh, way out west, I don't know where, when,"—a pause and choke—"well, I will tell you, a horrid, mean, dirty fellow with whom I used to keep company ever so long ago, when I was a young girl in school, came to the house after the wedding and said,"—another pause,—"*well*, some dreadful, insulting things and *he* threw the villain out. I was afraid, for the fellow was half-seas over, and threatened to kill us both but *he* laughed at me and then, you know, we were going away to-night. Our tickets were bought and our baggage checked and we were on our way to the station when that miserable wretch sprang out on us, and they say *he* has killed the fellow." Here the little woman ended with a long wail. Miss Watson quieted her by reminding her that she would disturb

the patients and that they would both be wanted to help, and, as she spoke, the house doctor came out from behind the screen and called her.

"The patient has some ugly contusions but there are no bones broken and I hope he will pull through in a few days," said he, looking pityingly at the weeping woman; then he added, in a lower tone, "I suppose you see it is a criminal case; the officer will have to watch him day and night. Perhaps if he has to swing he will not thank us for pulling him through." Then after giving her some orders for the night he went out of the ward.

The orderly came out and took the screen away while the little wife flew to her husband's side and Miss Watson began to fold up the patient's clothes in an orderly parcel to be carried down to the office. She was startled at the gruff voice of the officer.

"Keep away from there," he said, taking the little woman by the arm. "I want no whispering here."

She looked at the officer of the law, her eyes full of tears like a hurt, grieved child, and he stood back rather abashed at Miss Watson's look of indignation, muttering something under his breath about orders.

"Will you please let me take his clothes home?" faltered the wife. "You see what a state they are in, and I will bring them back when I have cleaned them, not that he will ever want them, I fear."

There could be no refusal, and when she proposed leaving him his watch the patient refused, saying, "No Kit; take it with you, you will want it, but I shan't." And with another burst of tears the little woman allowed Miss Watson to lead her from the ward.

A week went on and the case in Ward One did not improve as the doctor hoped; on the contrary he grew weaker and weaker, until he could no longer even turn in bed or feed himself, his voice had sunk to a whisper and he refused all nourishment except that which was given in a condensed, fluid form, at regular intervals. His wife came and went as often as allowed, but followed the policeman's direction and sat at some distance and brought him nothing. She, too, was in deep distress and grew visibly thinner and paler as the days went on. Both had the entire sympathy of the ward, and the officer its hearty aversion.

It was dull for that policeman, especially as he found no one was inclined to be social; therefore he was delighted to find that Fritz loved a good game of checkers as well as he did, so every night after all was quiet they played until it was time for Fritz to turn in himself. At first it was close to the prisoner's bed, but the light was bad there and they saw no need of watching him so closely when a stronger power than the law, weakness, was keeping him prisoner.

A great and learned authority was one day brought in for consultation. He looked at the patient scrutinizingly, took his hand and looked at the temperature chart. "A somewhat erratic temperature," said he.

"You may well say that, doctor," said the house doctor, frowning a little, "normal all day and rising at the same hour at night, but the night nurse is sure she makes no mistake and she is one who never does; yet look, 105° at midnight, 104° two hours later, and the morning temperature 98.5°."

"Lived in a shanty off the Boulevard," murmured the chief. The reader will remember that the Boulevard was just building in those days. The older man moved off as he spoke and the younger asked saucily:

"Well; what is your diagnosis? Lived in a shanty off the Boulevard?" The reply was inaudible and the two left the ward. They were followed by the priest, who courteously greeted the head nurse and asked the usual question, "Are there any in danger of death?" "It seems to me that Morris is very weak and needs your help, Father," she said.

The priest moved down the ward and bent over the prisoner's bed. After a moment he rose and as he came out the nurse met him and asked if she should bring a screen. "Not this time, thank you," and the priest passed on with an inscrutable countenance.

The house doctor came back and stood looking at the patient with anxious eyes. "I have been thinking," he said to the nurse, "that if we shaved his head and took a surface temperature we might find some pressure on the brain."

Alas! for the poor little wife who heard him. That night, about nine o'clock, Miss Watson came into the ward, tray and glass in hand, to give the prisoner his nourishment; she saw that the officer and orderly had moved to the other end of the ward and were playing their game on the table where her book of night orders was placed. She did not like to disturb the game, so after watching them some time in silence she went up the ward, but swiftly came back with her eyes wide with astonishment. "Fritz," said she, "where is Morris?"

The two men looked at her an instant and then sprang to their feet and ran down the ward. The prisoner's bed was empty and the prisoner gone. The two dashed out of the open window. All was quiet and the yard held no one; down to the river, but that too had only the sound of ordinary traffic and, as it was a rainy, drizzly night, they could only see the fog and rain and the dark water lapping against the low wall. "We're in for it, Fritz," said the officer as the two men made their way slowly back to the hospital.

Some ten years later the house doctor had occasion to send for Miss Watson to attend a patient of his who needed special care. He complimented her on her healthy, bright appearance when he saw her. "I may rightly be well, doctor," she said, "for I have been lazy all summer up in British Columbia visiting an old patient of yours."

"Ah," said the doctor, mildly interested, "who was that?"

"Morris."

"What," shouted the doctor, "tell me all about it."

"Why the day you threatened to shave his head the little woman got desperate and went off and hunted up the man he was supposed to have killed and who, she knew, was hiding from pure malice. She persuaded him that John was dying and that it was he would have to swing, not John."

The man was thoroughly frightened and readily agreed to have a boat ready to convey them out of the city, in case the thing could be done. The signal was agreed upon and at the sound of a whistle Morris sprang from his bed and made off like a streak of white lightning."

"But the fellow was so weak."

"In your mind he was."

"But the temperature?"

"He told me that in the dark there were other ways of warming up a thermometer. I presume by a little friction of the bulb on a blanket."

"Put me down an idiot."

"We were good idiots, I think," said the nurse. "I believe the little woman's prayers blinded us supernaturally. At any rate he is now the prince of farmers and has his quiver full."

UNFREQUENTED PATHS

By ELSIE BOWDEN, R.N.

Graduate of the Melbourne Hospital, Australia

PERHAPS hospitals for contagious disease attract the least attention or interest of any hospital institution, except from those individuals who have had occasion to benefit by the care and advantages they provide.

It is only of comparatively recent years that hospitals for diseases of this nature have been taken vigorously in hand, and the attempt made to raise them to the standard of other special hospitals, so that the very words "contagious hospital" is to the majority of people sufficient to conjure up visions of a gruesome or loathsome character, in which direst conditions,—bad sanitation, incompetent medical attention, unskilled

nursing etc.,—prevail, all within a general atmosphere of appalling slipshod disorder and pure indigo. But we have changed all that. Certainly no one possessed of these ideas would, in sailing down the East River, dream of associating North Brother Island in the remotest way with contagion, yet the numerous red or red and white brick buildings scattered over the island in their setting of trim lawns and background of maple trees constitute the Riverside Hospital, the chief of three contagious hospitals under the management of the New York City Department of Health.

Ferries run hourly from New York, and on three week-days and Sundays the patients may receive visitors.

On these days a stranger may be puzzled by the number of people hurrying in all directions, garbed in what appear to be voluminous nightgowns which completely envelop the wearer. He wonders vaguely if Hallowe'en has taken him unaware. Matters become clearer when he is issued into the visitors' room proximate to the wharf. In this room the walls are lined with narrow closets, each provided with a key. In them the visitors deposit hats and jackets and don the gowns they find hanging there, locking the door and taking the key with them, so no one's things are lost or taken by mistake.

The average number of patients is three hundred. Of these one hundred are tuberculous, and for the amelioration or the comfort of these, apparently every device scientific and philanthropic is provided. The six large pavilions on the southeast side of the island are devoted to this department. They are of weather-board structure; some are separated into several rooms; all are large and airy and scrupulously clean. It is pleasant to record that four of these wards are relegated to those whose recovery is possible; one is especially equipped for advanced cases, one for those in the medium stage.

Of the first and largest division, one's impressions are all of good cheer and thankfulness. For, aided by human care and kindness, the fresh air and sunshine and good food are achieving their incomparable results. Except in very rainy weather the patients live out of doors or in the cheerful glass sun houses in which are comfortable chairs dressed in cozy red covers. They seem a sociable community and overhearing scraps of conversation one learns that the two most absorbing topics relate to the amount of milk and the number of eggs consumed between meals, and the increase of weight; for each one is weighed once a week, and the supreme satisfaction with which an increase is announced, could not be excelled were some laudable feat of personal valor being related. Those of literary bent avail themselves of the well-stocked library, an alluring little building of red bricks covered with Virginia creeper, while

the industrious employ themselves with bead-work or wood carving taught them by a benevolent lady visitor.

In the acute ward, the long rows of beds are curtained off from the central aisle and each bed is separated from every other by a ground-glass partition, seven feet high, thus making what is practically a private room for each patient. Of these most pitiful of all sufferers, there is little to say. Every possible thing is done, the closest attention given. In the presence of the world-old mystery of pain most of us can only think vaguely of the Larger Hope, and be silent.

The department for measles is a large substantial building accommodating one hundred and twenty patients. Here the same perfection or order prevails. Large airy wards, immaculate cribs, immaculate beds, immaculate everything. Opening off the wards are sun parlors, where the convalescent children play. The children are happy and rosy children, consequently *not* immaculate.

Noticing one, a dark-eyed mite, we learn from the supervisor that he is one of a family of six from the East Side Hebrew quarter, where they were discovered with their mother in a practically starving condition, the father in jail for shooting his brother. The mother's reason was impaired through worry and lack of food. She was taken to Bellevue. All the children, the youngest only a few months old, had measles (fortunately, one privately thinks) and were brought to Riverside, where they had the time of their lives.

This happened in December, and so the mites had their share in the Merry Christmas, and heard for the first time of dear Old Santa Claus. "He don't never come down our street," said the eldest boy. "Perhaps there are no good boys on your street." "What d'ye mean by good boys?" asked the lad, and indeed the supervisor said, "It is easy to believe he didn't know, for a more unmanageable creature didn't exist." The lad had never been taught the difference between right and wrong. It was explained that when the nurse said, "Do this," and they did it, or said, "Don't do that," and they did not, Santa Claus would come. He came,—after half the night had been spent in breathless watching; till sleep overcame weary little eyes. He came,—the first Santa Claus. Imagine the joy of it, and the pathos. Perhaps, indeed certainly, these poor little waifs (and many others for this is but an instance) have never partaken so largely of the good things in this world, never been so warmly clad, never so carefully cared for, never so greatly loved; for it is genuine love with which these nurses (who appear to be especially created for this work, so unselfishly do they perform it) gather these homeless waifs to them, and mother them.

The wards for scarlet fever and diphtheria are on the pavilion plan similar to those of tuberculosis patients. In all cases whenever practicable the patients are kept out of doors. The very sick ones are carried out when possible, cribs and all. And what a beautiful out of doors it is! With the beautiful lawns, the many winding walks margined with elm or maple trees, and everywhere, flowers. And how fascinating to watch all those white boats; those busy tugs; those gay yachts; those big boats, that often produce music as they pass; and to listen to all the different kinds of whistles so dear to childish hearts!

The great majority of patients are children, and the great majority of children are now English speaking. Very young children are accompanied by their mothers. Amusing incidents often occur through the confusion of tongues. A Slavonic woman kept pointing to her baby and asking "marote, marote." A German woman professing to understand, explained that marote meant, "getting better." The nurse, anxious to satisfy the mother, approached her and announced, smilingly, "Sein kind ist marote, Frau, marote," whereupon the mother broke into piteous wails. "Marote, Frau marote," gaily reiterated the nurse, believing she was emphasizing the child's improvement, but the wailing only increased. Afterward she learned that marote meant dying.

An Italian man, on admission, was taken into the bathrooms for the customary bath. The bath was drawn, clean pajamas provided, and he was left to take his bath. In a short time he appeared arrayed in pajamas, but with no sign of recent ablutions. On investigation, all his garments including his hat were found in the bath-tub. Plainly, in his estimation, the only reason for tubs of water was the washing of clothes.

The two charming cottages of red and white brick deserve special mention. They each consist of three tiny wards, each with bath, diet kitchen and pantry. The walls are soft green, door and window frames glistening white enamel. The floors are gray tiles, the skirting white marble. These dainty cottages are for special or isolated cases. The nurses love them. "It is just like keeping house," says the nurse in charge of one of them, where she has an interesting little community of five chubby sun-kissed children known as the "chronics." This is explained to mean chronic tube cases; and Dr. Dwyer who instituted the practice of intubation could ask for no finer example of the success of his method, for without the knowledge of it all these little lives had been forfeited.

Eugene, aged three years, came to Riverside at the mature age of one year. For two years he has "lightly drawn his breath" per tube. A few weeks ago a tracheotomy, in the hope that, if successful, he might be able to dispense with his tube entirely, was performed.

(Since writing this paper, I am informed that Eugene has been without his tube for a week and breathes without difficulty, so the practice of tracheotomy in chronic tube cases is proven successful, and an epoch marked in affairs intubationary. The other children are to undergo similar treatment immediately.)

There is a large steam laundry equipped with the latest labor-saving machinery. There is a chapel, one-half for the Roman Catholic service, and the other half for the Protestant. There is a trim tennis court.

The doctor's home near the centre of the island is a comfortable looking house, and in the nurse's home beside it the "home atmosphere" is truly present. The nurses themselves are excellent exponents of island life. The tired, dragged-out appearance so familiar to us among most hospital nurses is entirely lacking, and everyone seems in good health and light spirits, and all unite in loyalty to and interest for the island. Here there is nothing of the petty tyranny we hear so much about of late. Each nurse does her best, knowing that in return she will receive appreciation and consideration; because the highest standard in nursing and personal character is required. The nurses say, "It is hard to come and it is just as hard to go," and certainly the wheels of life run smoothly on the island, the oil apparently being the mutual respect and bonhomie between superior and subordinate, a condition of affairs not found every day.

The other hospitals for contagious diseases are the Willard-Parker at Sixteenth Street and East River, where an average of three hundred cases are received per month, and the Kingston Avenue Hospital in Brooklyn for Brooklyn cases and the newly arrived immigrants. Three hundred cases per month is the average number received.



THE call to health has humanitarian aspects. Is it a light or small affair to postpone premature death, or to avoid sickness, and thereby postpone or avoid the pain, the sorrow and the weeping of those who would mourn? Is it not a kind of cruelty to allow infected water or milk to carry into happy homes the germs of typhoid or scarlet fever? If a thief in the night should wound and kill, as milk-borne typhoid often does in a family of children, should we not call him cruel? Sickness and death from carelessness are not, perhaps, as repugnant or as cruel as those from malice or robbery, but the actual effects upon the family and the social organism are much the same. —WILLIAM T. SEDGWICK, in *Yale Medical Journal*.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

(Continued from p. 986, Vol. viii.)

As a change from the various wheat and oat preparations which are oftenest used for breakfast cereals, granulated hominy is occasionally good. This should be prepared the night before and reheated for breakfast, as it needs thorough cooking.

Granulated Hominy.—One cup boiling water, one-fourth teaspoon salt, one-fourth cup hominy. Add salt to water and stir in hominy. Cook at the boiling point, stirring enough to prevent sticking, until it thickens. Then cook over hot water an hour.

Creamed Dried Beef.—For those who are not quite satisfied with cereal and fruit for breakfast and who yet are not equal to consuming steak or chops in the morning, a dish of creamed meat or fish will give the needed heartiness to the meal. The best grade of dried beef is moist, tender and not oversalt, and does not need freshening. But if the beef is at all hard or too salt, it should be freshened by pouring over it boiling water and allowing it to stand ten minutes. Tear the slices in small pieces, making half a cupful. Put in a saucepan two tablespoons of butter, melt, add two tablespoons of flour, and cook until blended. Add the beef and one cup of milk. Cook, stirring constantly, until the milk reaches the boiling point. This cooks the beef sufficiently, without hardening it, as cooking at the boiling point does.

Apple Sauce.—This is particularly good served for breakfast with the dried beef. Cut into quarters or eighths three or four tart, juicy apples, pare and take out the cores. Rinse the pieces quickly in cold water and put them into a saucepan with a very little water to prevent scorching until the apples begin to cook. Cook until perfectly tender. Sweeten to taste a few minutes before taking from the fire. Beat until smooth or put through a sieve. Apple snow, which makes a good luncheon dessert, is made by adding the stiffly beaten white of an egg to apple sauce made a trifle sweeter than usual.

Cream of Tomato Soup.—Cool, fall days make a hearty cream soup acceptable for luncheon or supper. For the tomato soup, use one cup of tomatoes measured after cooking and straining, one cup milk, one and one-half tablespoons butter, one tablespoon flour, one-half teaspoon salt, one-eighth teaspoon pepper, one slice onion. Either fresh or canned

tomatoes may be used, and they should be cooked gently until the pulp is soft enough to pass easily through a sieve, leaving only the seeds behind. Scald the milk with the onion. Melt the butter, add the flour and cook together three minutes without browning. Add tomato juice and seasoning, bring to boiling point, stirring constantly. Add tomato mixture gradually to scalded milk. Care should be taken to keep the soup well below the boiling point after putting tomatoes and milk together. One-sixteenth teaspoon of baking soda may be put into the tomatoes just before adding them to the milk, to prevent curdling. But with care a smooth soup can be made without the soda, and it has a rather better flavor than one in which soda is used.

Crutons.—Cut two slices of stale bread one-half inch thick. Spread very lightly with soft butter. Cut into half-inch cubes, put on a pie tin and place in a slow oven. Shake frequently, and bake until a delicate brown on all sides. Serve with the cream of tomato soup.

Baked Fish.—Get any seasonable fish not too large to be consumed by two people. Be sure that it is fresh. These are the marks of fresh fish: firm flesh, bright, bulging eyes, bright scales, gills a good red, and, of course, a fresh smell. The fish will be scaled and the entrails removed at the market, and the head taken off if you wish. The fish should be wiped thoroughly inside and out with a damp cloth. Any remaining scales and any clots of blood along the backbone should be removed. Season the fish plentifully inside and out with salt and pepper. Prepare a stuffing as follows: Mix one-half cup cracker crumbs, one-half cup stale bread crumbs, four tablespoons melted butter, one-fourth teaspoon salt, one-eighth teaspoon pepper, few drops of onion juice, one teaspoon chopped parsley, one-fourth cup hot water. Put in the stuffing and sew up the fish with a darning needle and stout darning cotton or soft cord. Lay some strips of fat salt pork or a sheet of tough greased paper in the bottom of the baking pan, so that the fish will not stick. Bake in a moderate oven until the flesh is tender enough to leave the backbone easily when tried with a fork.

Parsley Butter.—This is a good sauce with baked fish. One tablespoon butter, one teaspoon finely minced parsley, one teaspoon lemon juice, few grains of pepper. Rub the butter to a cream, add salt, pepper, parsley, then beat in lemon juice gradually.

Mashed Potatoes.—Scrub, pare and rinse the potatoes. Put them into plenty of boiling water and boil gently until tender. Add salt about ten minutes before they are done. Drain and dry them thoroughly. Mash them, preferably in the hot kettle in which they were cooked, with a fork or wire potato masher until free from lumps; add salt, pepper, butter and hot milk or cream. Beat until perfectly light, and do not

mash down afterwards. To two medium-sized potatoes add a tablespoon of butter and enough milk to moisten, but not to make them wet.

Creamed Cauliflower.—This aristocratic relative of the cabbage is easily prepared, but it is also, like its humble kinsman, easily ruined by poor cooking. Select a small crisp white cauliflower, free from blemishes. Take off the green leaves, and cut the stalk close to the head. Break, not cut, the head into the large clusters into which it naturally divides. Throw them into a bowl of cold water and let them stand an hour if convenient, so that any insects which may have lodged among the flower buds will come out. Drain, put into plenty of boiling water, and boil, *uncovered*, until tender, adding salt about five minutes before it is done. It will cook in twenty to thirty minutes. The common mistake made in cooking cauliflower is to cook it too long and in a covered kettle. This is likely to discolor it and also make it indigestible.

The cauliflower may be served with a seasoning of salt, pepper and butter, with a drawn butter sauce, or with a white sauce.

White Sauce.—One tablespoon butter, one tablespoon flour, one-half cup milk, one-eighth teaspoon salt, few grains of white pepper. Melt butter, add flour and cook three minutes; add milk and seasonings, and stir until mixture boils. This white sauce will answer for creamed vegetables of all kinds and for creamed meat and fish. A little cream in place of a part of the milk is always an improvement. The sauce may be varied in consistency by changing the amount of flour used. Practically all sauces and gravies are made in the same way, substituting various liquids for the milk, as, for instance, tomato juice in making tomato sauce.

Baked Chocolate Pudding.—On the menu board of a certain school lunch room there appeared one day "chocolate bread pudding." The remarks of the students as they discovered it were not complimentary, and the despised bread pudding was left on the hands of the lunch room manager. The next time, made wise by experience, she put on the board "baked chocolate pudding," and every pudding vanished. It is worth trying some day when you have a few pieces of stale bread on hand.

One-half cup stale bread crumbs, one cup scalded milk, one-half square chocolate, two and one-half tablespoons sugar, few grains of salt, one-fourth teaspoon vanilla, two tablespoons slightly beaten egg. Soak the bread crumbs in the milk one-half hour. Melt chocolate over hot water, add sugar and a little milk from the crumbs. Stir this into the bread and milk, add salt, vanilla and beaten egg. Turn into buttered pudding dish or into custard cups and bake in a moderate oven until firm. Serve with a hard sauce made from one tablespoon of butter and three tablespoons of sugar. Rub the butter to a cream, add the sugar gradually, and flavor with a few drops of vanilla.

RED CROSS WORK



TUBERCULOSIS CAMPS IN NEW YORK STATE

ON June 29 the first tuberculosis day camp of the American National Red Cross was opened in Schenectady under the auspices of the Schenectady County Subdivision of the New York State Branch of the Red Cross. It is the first of five Red Cross day camps established, or to be established, this summer in America.

A Red Cross day camp will be opened in Albany within a short time and another in New York City on October first. Other Red Cross day camps are located in Washington, D. C., and Wilmington, Del.

The Schenectady Red Cross day camp is located in a pine grove on high flats in the southeastern part of the city. It has two permanent wooden buildings—an office and a kitchen—and on platforms a large dining tent, two hospital tents—one each for men and women—and two conical tents for night campers. A medical visiting committee, whose members visit the camp in turn for an hour or two a day, are Drs. C. F. Clowe, H. L. Towne, Peter McPartlon and J. H. Collins. The camp is in charge of a superintendent, Miss Sarah B. Palmer, R.N., who was in charge of the floating hospital in New York City for three years. The nurse is Miss Rose Hofmeister, R.N., formerly of Utica; a temporary nurse has served nights part of the time; the camp has also a cook to prepare the noon meal and the milk, eggs, etc., served at other hours of the day. The camp opened with six patients and now has fifteen, the probable limit this year. The camp will be open until November first and perhaps longer. The design was to take only incipient and moderately advanced cases, but it has been difficult to draw the line in the undertaking, and the camp has four fairly advanced cases—one of which is confined to bed. Several patients sleep at the camp. The camp has received its patients from the municipal dispensary. Home supervision will be given by local organized charities.

The Albany Red Cross day camp, which it is expected will open soon under the supervision of the Albany Subdivision, will be located on Kenwood Heights on land generously furnished by the Albany Hospital for Incurables.

The camp arrangements are in charge of the day camp committee, of which the medical members are Drs. Howard Van Rensselaer, Henry

Hun and Charles K. Winne. The nurse will be Miss Nellie Coligan. The superintendent's name cannot be given at present. Probably the services of another nurse will be necessary. There will be a cook. The camp's limit this first year for the day camp alone will be about fifteen patients. Incipient and moderately advanced cases only will be handled in the camp.

The Red Cross day camp committee is, for purposes of coöperation, a subcommittee of the local tuberculosis committee of the State Charities Aid Association.

The New York City Red Cross day camp is to be conducted by the New York County Subdivision of the Red Cross and will be located on the roof of the Vanderbilt Clinic, a dispensary department of the College of Physicians and Surgeons, which is the medical department of Columbia University, and is at the corner of Sixtieth Street and Amsterdam Avenue. The Clinic will fit up the roof at an expense of \$10,000 and will supply medical supervision to the camp. The New York County Red Cross will supply nurses, attendants and nourishment to the forty or more patients to be received.

Inasmuch as the Clinic is a member of the Association of Tuberculosis Clinics of the city, the Red Cross will thus be brought into the organization.

The camp will open October first and will continue during the day all the year around. After the first few months, it is probable that the camp will be open day and night. The superintendent of the camp will be Mr. Charles B. Grimshaw, superintendent of the Clinic, and supervision will be given by members of the regular staff of the Clinic. The capacity of the camp will be at least forty and probably more patients. Incipient and moderately advanced cases will be received and when the camp is running the twenty-four hours of the day, probably more advanced cases can be handled.

In establishing these camps the American Red Cross joins hands not only with the National Association for the Study and Prevention of Tuberculosis, the State Charities Aid Association and other organizations already engaged in the field, but with the other members of the International Red Cross, the German and Russian Red Cross, which have been engaged for ten or twelve years in tuberculosis work. The day camp idea is really a contribution of the German Red Cross, and it is therefore peculiarly appropriate in its being made the chief phase of the American Red Cross's work. It was adopted only after investigation and consultation with the leading experts and after recommendation to the

Red Cross by the National Association for the Study and Prevention of Tuberculosis.

The day camp is of approved value in this country as well as abroad. The first day camp in this country was opened in Boston some three years ago and has given such a good account of itself that it has been taken over by the new Consumptive's Hospital located in Mattapan. Other camps have also been conducted in Boston, Salem, Mass., Washington, D. C., and in New York City on the disused ferry-boat *Southfield* conducted last year by the Charity Organization Society and this year by Bellevue Hospital. The camp has in fact come to be recognized as an indispensable part of every progressive plan for the relief and control of tuberculosis and therefore offers a wide field for useful work on the part of an organization so large and influential as the Red Cross, while at the same time its relative inexpensiveness and simplicity of conduct will not require the raising of large sums or the maintenance of a large force of workers, thus diverting the energies of the Red Cross from its first, if not more important obligation of assisting the medical department of the army in time of war, and of serving as the official emergency relief organization of the people in time of great national calamity.

The Red Cross—national and local—has practically no funds with which to carry on this work, since it retains for its own use no part of the millions of dollars which pass through its hands and which are given for the specific purpose of mitigating suffering in given localities, as San Francisco, China, Japan, etc., and since its membership dues are merely nominal—one dollar per annum—and hardly meet the expense of organization. The relatively small emergency fund at national headquarters is available only for war and disaster, and the endowment fund only for national calamities of the greatest magnitude. Tuberculosis indeed is a calamity, second to none other, but the terms of the national charter do not permit the deflection of the funds to this use, nor, moreover, would it generally be deemed wise. The Red Cross is therefore appealing for voluntary contributions, and is confident that these contributions will be received in amounts sufficient to conduct a large number of day camps similar to the ones already instituted.



NURSING IN MISSION STATIONS



A VISIT TO THE MEMORIAL HOSPITAL, LODHIANA, PUNJAB, INDIA

By "SANSI."

THIS is one of the largest mission hospitals in India, and is connected with the North Indian School of Medicine for Christian Women.

The first block, built in memory of a Sister, was opened in 1899 with about forty beds; to-day the main building covers four sides of a square. More land has been acquired on which a theatre, ward for private patients, and a very fine out-patient department has been erected; the capacity now is one hundred beds. On October 5, 1901, there were five beds occupied, now the one hundred beds are often occupied. Those who have watched with interest from year to year its growth are struck with the rapidity of it. In 1906 there were 866 in-patients treated; in 1907 the number reached 1188. The increase in the out-patient department was from 13,366 in 1906 to 16,577 in 1907.

Viewed from the outside, one is struck by the lack of windows and doors. There are some windows but they are not very large and seem so high up, and the one door is covered with a reed curtain, but this very thing which seems a drawback to our western minds, is a great recommendation to the eastern, who seek seclusion for their women.

When we enter, the contrast is great. Let us picture a large one storied building with a flat roof, built on four sides of a large square, with the back turned out towards the road which runs on three sides of it. To the front, wide verandas run right round, and in the inclosed square different kinds of trees have been planted which are already beginning to afford a pleasant shade, where the patients who are able to come out delight to sit. This seems an ideal plan for a Zenana (women's) hospital.

As we enter the oldest block, through the one door which leads off the public road, we find ourselves in a small hall; opening off this to the right and left are two small private rooms. These are for private native ladies who pay about sixteen cents per day, supplying their own food. Sometimes poor Europeans, who cannot afford the larger rooms, take

these, and pay about half a dollar a day. This includes board,—medicine and treatment being free.

From the hall we enter a fair-sized room which is used as the nursing superintendent's office. This contains a wall cupboard in which are kept the linen in daily use in the ward, stock medicines, etc. Sitting at the large table in the centre of the room we noticed, when the doors were open, that we could see everything that was going on in the two large wards which opened off at right and left. The ward to the right contained sixteen beds and was set apart for Hindus. The ward to the left, which was exactly the same, was reserved for Mohammedans.

In both these wards the upper portion of the wall and ceiling was limewashed, while a dado of washing paint in a dark shade of peacock blue about four feet high looked very effective. The woodwork of the doors, windows, and screens was brown, the curtains of the screens being red turkey twill. The white enamelled bedsteads were covered with red blankets, and the combination of colors was very pleasing. Beside each bed was a plain white wood table on which stood the earthenware water bottle used in this part of India. Over each bed was a small medicine bracket; we were told that these had been found very useful, as often there would be three women of the same name in the ward at the same time, and as they had no surname by which they could be distinguished, when the medicines were kept in a cupboard it caused confusion. Now, the nurse whose duty it is to see the medicines brought from the drug room, carefully divides them out and puts each patient's medicine in the bracket over her head.

Up to last year, medical and surgical patients were treated in the same wards. This to our western ideas sounds bad, but it has been done for two reasons: first, because there were only these two main wards, and as the different castes must be kept separate it was not possible to set one of these apart for medical cases; and second, often the surgical and medical patients would be friends and would make it one of the conditions on which they would consent to stay for treatment that their beds be side by side. The new block of buildings contains a medical ward.

The children's ward is also in the new block. In India, children's ward does not mean exactly the same as it does with us. Parents will hardly ever let their children come as in-patients unless the mother or some relative can stay with them, and as this generally means that the mother must occupy the same bed as the child, they are treated in the ward with adult patients. But every mission hospital in India has its own babies. They are sometimes orphans, and often when a baby is not wanted by the friends, it may be because the mother was not married,

or because it's a girl and the people are very poor, it is brought and given to the doctor.

Next we are shown the theatre which is detached from the rest of the building so that there is no fear of infection from the wards. As the majority of the patients are surgical, this is a very important place. The operating room is a fine room with rounded corners and painted with a whitewashing paint. Opening off it are the anaesthesia room, the instrument and dressing rooms, and the linen and sterilizing rooms.

A pressing need has been a larger sterilizing apparatus, as the small one now in use is inadequate and unsafe. This is one of the things for which funds are now asked. Perhaps some who read this could help.

There are four nice sized private wards for European patients, but what interested us more than any other part of the hospital were the wards especially built for native ladies. Two of these were built by a Hindu gentleman in memory of his wife. They are nice sized rooms with a very fine veranda in front. As is the custom in India, each room has its own bathroom. In addition, each of these rooms has a cook room and a separate court-yard with a door opening out on the public road. For these the charge is about thirty-two cents per day. They are taken generally by rich native ladies who bring their servants and often some of their own furniture and almost always a goodly number of relatives. Their male relatives can come in at any time except when the doctor or nurse is present. Their own servants cook for them, and often it seems as if the whole family came to the hospital for the time being. We were told that patients have come in from the country round bringing husband, brother, and all their children. The men not being allowed to stay at night, simply hired rough country beds and slept on the roadside outside the hospital walls.

That patients should be allowed to have their food cooked in their rooms needs explanation. No well-to-do patient would eat hospital food, not only from caste principle, which means so much to them, but they have an extraordinary idea that while they may take medicines free, it would be beneath their dignity to take food without paying, so that all who can afford, even if they are in the free ward, get their food from home. Of course this has its drawback, as it is often difficult to supervise what they get, and often when the doctor has ordered a light diet, curry and the unleavened bread of the country will be smuggled in by friends, so that nurses have to keep a sharp lookout.

My readers may well ask how any nursing is done for the patients who take these private wards if they have their friends with them. If the patients are very ill, or after an operation, where quiet is required,

it is explained to the husband or other male relation that only one woman can be allowed to stay with the patient. When things are explained to them they are always willing to do what the doctor thinks necessary. Indeed, it is often wonderful the confidence they have; in their polite Eastern way a man will say of his wife to the doctor: "She is your daughter, do whatever you wish to her." But when patients come in for slight ailments they expect to be allowed to live in these rooms pretty much as they do in their own home. They feel this is the privilege for which they pay.

The last block visited was the new out-patient department. This contains an open waiting room where, during consulting hours, a Bible woman sits and sings hymns and tells the Gospel story to the patients in their own language. There are also consulting room, dispensary, drug store, dressing room, eye room and gynæcology room. This block was opened last year and has been found a great comfort.

Building is still going on. We were told that a ward for students and nurses and additional accommodation for the staff are to be built this year, and that an isolation block, a yard for the open-air treatment of tuberculosis, and a laundry are being planned for the future.

In 1904, a scheme for the reconstruction of the training school for nurses was laid before the committee and accepted. Previous to this there was no fixed standard of education required for candidates and the length of training was two years only. The new scheme required a definite standard of education, and the length of training was raised to three years, three months extra being required if pupils wished to study midwifery and take the government diploma in that branch. Candidates are admitted on three months' probation. They are chiefly Indian Christian girls, but Europeans and Eurasians are also taken. The opportunities for surgical training are exceptionally good and the theoretical training is very thorough. Courses of lectures in anatomy, physiology, minor surgery, hygiene and the administration of anæsthetics are given by the teaching staff of the North India School of Medicine. At present there are fifteen pupil nurses.

We shall now say something about the efforts that are made to win the patients from heathendom to Christ. First, and most important of all, is the daily life of the Christian doctors and nurses which is watched so closely and often commented on by the patients. Then every morning in the wards, the doctors, students, and nurses take morning prayers in turn. Every Sunday afternoon one of the doctors takes a service. This is a special opportunity, as friends of the patients are allowed to come. Then every afternoon at a time when most of the nurses are having a

rest and there is little to do in the wards, a Bible woman comes and teaches any who wish. Then, as we mentioned, the Bible woman sits in the out-patient waiting room during consulting hours and teaches there. Thus in the course of the year thousands of women and children hear the good news of One who has come to save them.

What are the results? Some have left all and followed Him, and others, though they have not the courage to break old ties, have found rest for their weary souls, and God knows them that are His.

It might interest readers of this article to know that the nurses of Clifton Springs Sanitarium support a bed in this hospital.

ITEM

Spirit of Missions says: Plans are under way for the erection of a home for nurses, in Manila, to cost \$5600. While this amount will not supply an entirely adequate house, it is all the money on hand at present. A good beginning has been made in the training of young Filipino women as nurses at the University Hospital.



TRANSPLANTATION OF OVARIES.—The *American Journal of Surgery* says: Martin reports in *Surgery, Gynecology and Obstetrics*, the further history of two cases of heterotransplantation of the ovaries. In neither did the menstrual function return, although distinct relief of menopause symptoms resulted. A third case has been lost sight of. In five cases of homotransplantation, menstruation continued in four, and no menopause symptoms developed. In the first two cases a considerable period had elapsed between the removal of the ovaries and a second operation for transplantation, thus allowing uterine atrophy to progress, possibly beyond a point where *restitutio ad integrum* was to be expected. The technic in heterotransplantation consisted in reestablishing a tubal lumen and implanting thin disks of normal ovary into the broad ligament close to the site of the new tubal outlet. In homotransplantation, thin disks of remaining normal ovarian tissue are similarly implanted. The operation causes no unusual reaction, and is worth trying. References and abstracts of the literature covering the entire subject conclude this interesting article.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

MODE AND DURATION OF CONTAGION IN SCARLATINA.—The *Medical Record*, in a synopsis of an article in *Journal de Medicine de Paris*, says: Zilgien thinks that we are passing from the phase in which we believed that scarlatina was most contagious during the stage of desquamation into one in which we recognize the fact of its marked contagiousness during the period of the angina. He believes from his observation of such cases that after the acute symptoms in the throat have ceased in many cases the patient may be allowed to mingle with society without danger. The products of expectoration from the throat are the most dangerous means of carrying the disease. In other rare cases the contagion appears to continue long after desquamation is complete. The author describes a case in which there was severe angina and isolation was carried out. Some time later another attack of angina occurred and in this also isolation was carried out, and no contagion was carried to any other person, although a profuse desquamation went on for several weeks. To offset this case he describes an epidemic occurring in a school, in which one child seemed to be the source of contagion to others long after desquamation was complete. The author believes that the means of contagious infection is generally a suppuration of the middle ear, or the presence of adenoids, or hypertrophied tonsils, in which the means of infection is carried for a long time. Prophylactic treatment would include the care of the throat and nose especially, and their daily disinfection as long as suppuration lasts.

SAWDUST BREAD FOR HABITUAL CONSTIPATION.—The *Journal of the American Medical Association* has the following: Blümel says that an ounce of finely sifted beech wood sawdust can be worked into a pound of wheat bread dough without affecting the taste. He has used this "cellulose bread" in eighty cases and found it effectual in curing even old, rebellious constipation. The patients ate this bread exclusively after a preliminary course of castor oil or injections. The only failures

were in severe cases of hysteria or neurasthenia, chlorosis or enteroptosis. He warns that the trees must be felled late in the fall or the sawdust will have an unpleasant taste.

INTRAVENOUS MEDICATION.—The same journal, in a synopsis of a paper in *Therapie der Gegenwart*, says: Mendel is a warm advocate of intravenous medication, and here describes further experiences with it and research on the action and elimination of drugs injected into the veins. For this research sodium salicylate and iodide, each in a 20 per cent. solution, are particularly instructive as they are taken up entirely by the circulation and their elimination can be easily and completely traced. The desired concentration of the drug in the blood can be obtained with smaller doses by intravenous injection, and the elimination is much slower than by other routes, which still further enhances the effect. This renders the danger of toxic cumulation more imminent in intravenous administration of such drugs as strophanthin and digitalis.

FADS IN CLOTHING.—The *Medical Record* concludes an editorial with this title thus: There is little doubt that many persons, at the present day, coddle themselves too much, and it is more or less certain that very many of the common ailments of children proceed from their being too warmly clad. It probably is true, too, that woollen garments are not nearly so hygienic as they were at one time supposed to be. They become sodden with perspiration, and, being very absorbent, take up all the effete matters given off by the skin. Common-sense in clothing is as necessary as the exercise of that quality in any other question bearing on health.

NERVE SUTURING.—The *Medical Record*, in discussing this subject, says: From Oberndörffer's statistics we see that two-thirds of the cases of neurorrhaphy were successful. Where there is a large wound the function of the nerve should be tested immediately, and if found impaired the severed nerve should be sutured at once. In fractures the nerve is usually not affected until a callus forms, but even if it is divided at the time of injury neurorrhaphy had best be postponed, as it would hardly seem wise to make a compound fracture out of a simple one. We may say that unless there is a large wound the treatment of nerve division should be expectant, provided the nerve suture is performed within six

months after the trauma. The operation has certainly been performed frequently enough and with sufficient success to justify repetition.

DIPHTHERIA AND THE SERUM TREATMENT.—The *New York Medical Journal*, quoting from *La Semaine Médicale*, says: Baginsky says that in diphtheria as such there is a certain limit to the efficacy of the serum treatment, that a certain number of fatal cases will always be met with, but that this number can be materially reduced as soon as the knowledge of the value of the serum treatment and of the importance of its use at an early date becomes more wide-spread among the public, and also as soon as full, absolute confidence in this treatment is found among all practitioners, who will also be possessed of the method of employment and of the knowledge as to the proper doses to use.

TINCTURE OF IODINE IN PUERPERAL FEVER.—The *Medical Record*, quoting from *La Riforma Medica*, says: Aldo Mergari describes his method of using tincture of iodine for the differential diagnosis between syphilis and tuberculosis in seven cases with marked success, the improvement being manifested in a single day after treatment was begun. He washes out the vagina and uterus with antiseptics, curettes when it is necessary to remove placental fragments, and then injects through a Doleris sound from 100 to 150 grams of equal parts of tincture of iodine and water. This is allowed to flow out as soon as any pain is felt, and the excess is washed away with boiled water. No tampons are used. The author ascribes the good results to the large amount of normal iodine that enters the uterus.

TYPHOID PREVENTIVE INOCULATION.—In the *Journal of Tropical Medicine* Fox discusses this subject, including the theory and method of the inoculation, very thoroughly, and urges missionaries and others working in tropical countries to have themselves inoculated. He considers that its utility is proved, and recommends that the vaccine be obtained from laboratories under the control of the discoverer. The duration of the immunity is probably not less than two years.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE INTERNATIONAL NURSING CONGRESS OF 1909

"THE organizers of the International Nursing Congress to be held in London in conjunction with the Quinquennial Meeting of the International Council of Nurses have already secured the Caxton Hall, Westminster, from July 20 to 23, 1909, for this purpose. The whole suite of rooms has been retained, the Large Hall and ante-rooms, Council Chamber, and No. 13, Small Hall, with 14, 15, 16, 17, and 20, for the convenience of members, as committee, rest, press, and dressing rooms.

"In conjunction with the conference, it is proposed that nurses shall organize a real practical exhibit of their own work.

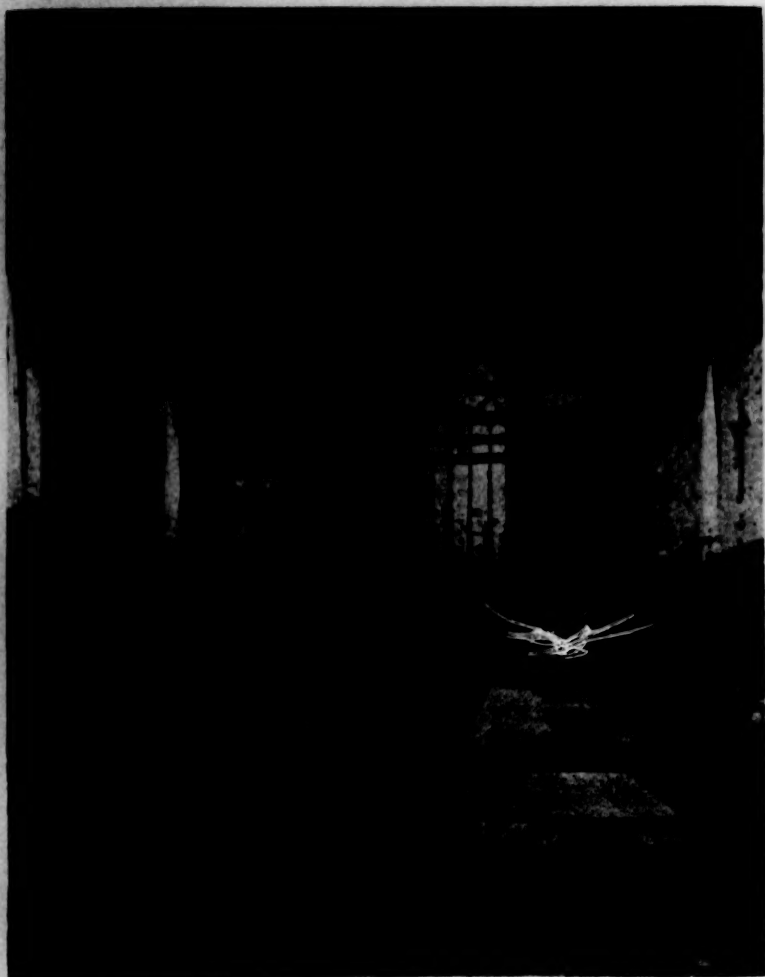
"Already an invitation has been received for all delegates and members of the congress for a soirée on the evening of Monday, July 19, when a very picturesque ceremony will take place. The United Kingdom, the United States of America, and Germany now form the International Council of Nurses. Holland, Denmark, and Finland are to be affiliated next year, and we can imagine how charming will be the welcome arranged in admitting the nurses of these progressive countries to membership of the Council.

"Presidents of National Councils and accredited national delegates will also be introduced to the members of the congress at this social gathering, preparatory to the opening of the congress at Caxton Hall on the morning of July 20."

The above notice in the *British Journal of Nursing* for August 15 shows that active measures for the next international gathering of nurses are under way. This meeting in London will be the first regular business meeting since 1904, when a regular session was held in Berlin.

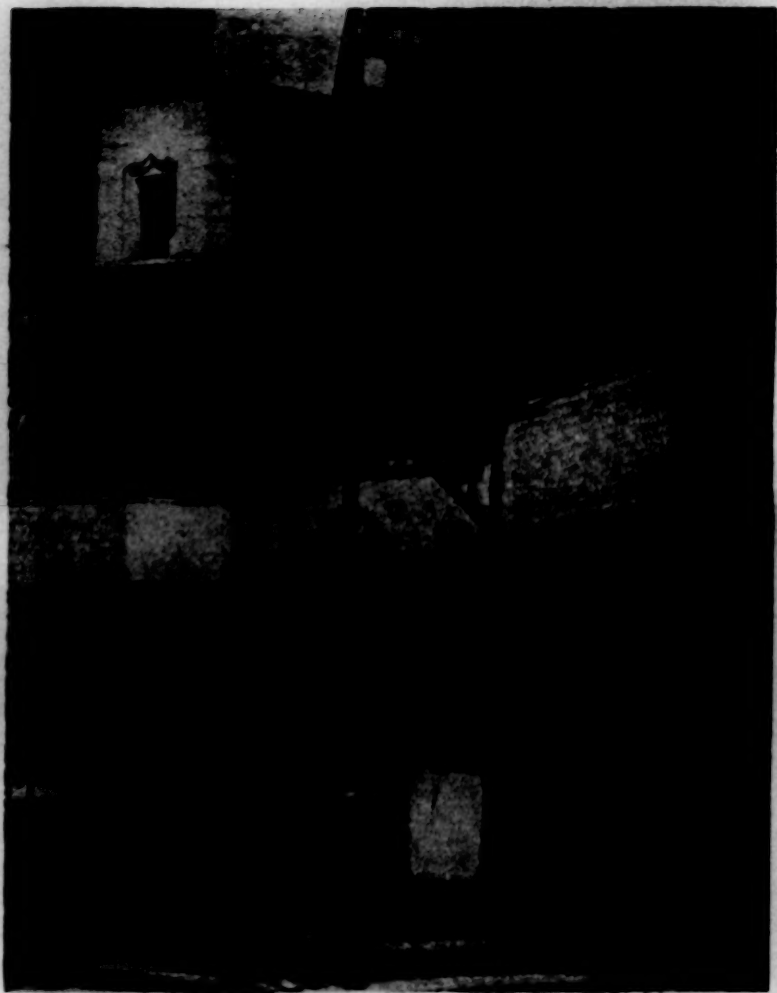
Some details of the working machinery are to be considered for future speed and smoothness in making wheels go around, and three new countries are to be united in our international bond of fellowship—Holland, Finland, and Denmark, thus placed in the order in which they have applied for admission.

Nurses of all countries who are coming to this meeting, please get



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THE LARGE WARD.



By permission of Renée Frères, Editeurs, Beaune.

WROUGHT-IRON WELL-HEAD AT BEAUNE.

ready your uniforms in full, for we are to have a wonderful gathering in full regalia, everyone dressed in uniform down to the last button. Great disappointment was expressed after the French meeting that so few nurses' uniforms were seen, and in London we mean to have nurses of all countries see each other in hospital or working dress.

THE HÔTEL DIEU OF BEAUNE

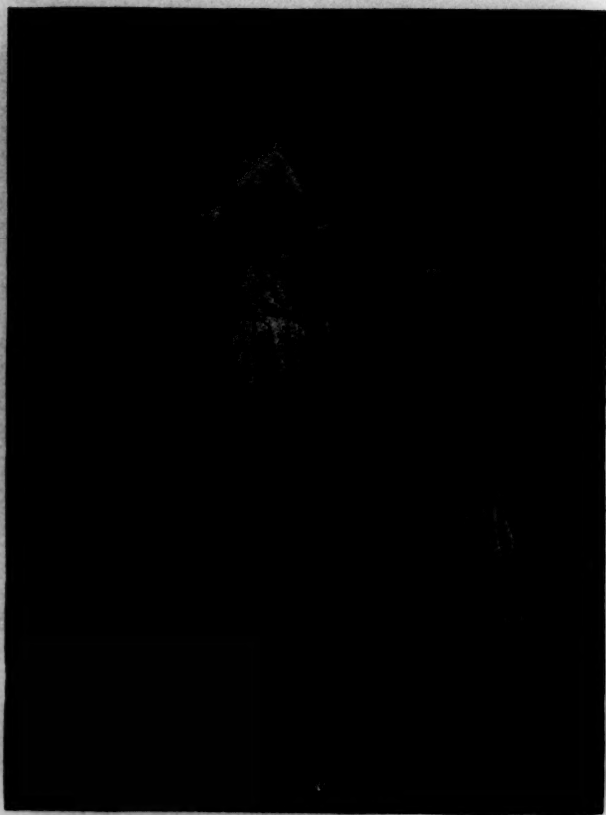
THE little city of Beaune in France is so exceedingly beautiful and its wonderful old hospital such a rare and perfectly preserved gem of the fifteenth century that one cannot imagine, after visiting it, why every traveller does not go there. The whole place is so unspoiled and picturesque, the walks are so lovely, and the remains of old walls so bewitching that one forgets the world quite, and, on entering the Hôtel Dieu, simply cannot believe that time has not turned back five hundred years. This famous hospital has been carefully preserved in the most perfect manner, and has, indeed, become such an important sight for visitors that regular visiting hours are fixed for tourists, during which one may walk decorously about in all directions as in a museum. The sisters wear the very prettiest dress of any hospital nuns; the bedside tables shine with old pewter tankards for milk or water and with brass basins brilliantly polished which are used instead of our prosaic porcelain utensil. Here one sees marble fountains in the middle of the ward, and log fires burning in enormous and stately fireplaces. In the large wards are the quaintest possible beds, built solidly down each side of the ward, of hard wood, like little rooms open at both sides, with a hard wood ceiling. Wooden partitions separate these little rooms from each other, and the patients lying in bed have their sides to the ward, as in a Pullman sleeping car, instead of their feet. Heavy curtains are fastened to rings on the bed top. The beds are not built right up to the wall but a passageway is left with box seats in which the patients keep their clothes. On the heavy partitions of hard wood between the patients in this solidly built row of beds are little shelves where books, flowers, medicines and trinkets are kept. In the photograph the beds look like choir stalls in a church. The great ward is richly decorated like a church, and the bed curtains and counterpanes are of crimson. Upstairs is a museum full of beautiful historic relics which silently tell the tale of the hospital. It was founded and endowed by a pious and wealthy bourgeois and his wife—Nicolas Rolin, who became a Chancellor, and Guigone de Salins, a charming, cultured woman, of ancient family, who was her husband's chief inspiration. They lavished every luxury and appointment on it, and it was their dear delight. The first sister came from Flanders to

manage it, her name, Alardine Gasquière. She was a notable executive and of masculine strength of character, but devout to bigotry, an iron disciplinarian, and carried religious observances and penances to excess. No sister could even take a drink of water without her permission. All this was repugnant to the Chancellor, who disliked strict religious rules in a hospital, and he tried to persuade Sister Alardine to modify them. So autocratic was she that she refused and even told him that after his death she and her nuns did not intend to obey his heirs. The Chancellor thereupon very properly discharged her without delay and made his own rules, which were liberal and common-sense, making the care of the sick of the first importance, and he also engaged another sister, whose position was much like that of the matron of an English hospital. She selected, trained, and placed her nurses, who had a long probation, and then took simple vows. They were not bound to strict poverty but could possess, inherit, and spend their own money. They were mostly of gentle birth and are still, I believe, always of good family. After the Chancellor's death his wife, the good and devoted woman, made her home in the hospital, directing all its affairs, and also took a part in the nursing. She had a legal struggle over its possession with her ambitious son, who was a Cardinal, for the hospital had rich endowments. The case was taken to Paris and after seven years was decided in favor of the widow, who ruled there until her death. She was absolutely opposed to having strict religious forms there, "as she feared the dowry might then be turned from the use of the poor and sick and employed in a way opposed to the wishes of the founders." So says an old history, in whose pages we gather an intimation that the strictly "religious" life was really easier than nursing when the latter was thoroughly well attended to.*

Reference: l'Hôtel-Dieu de Beaune, 1445-1880, par M. l'Abbé E. Bavard, Beaune, 1881.

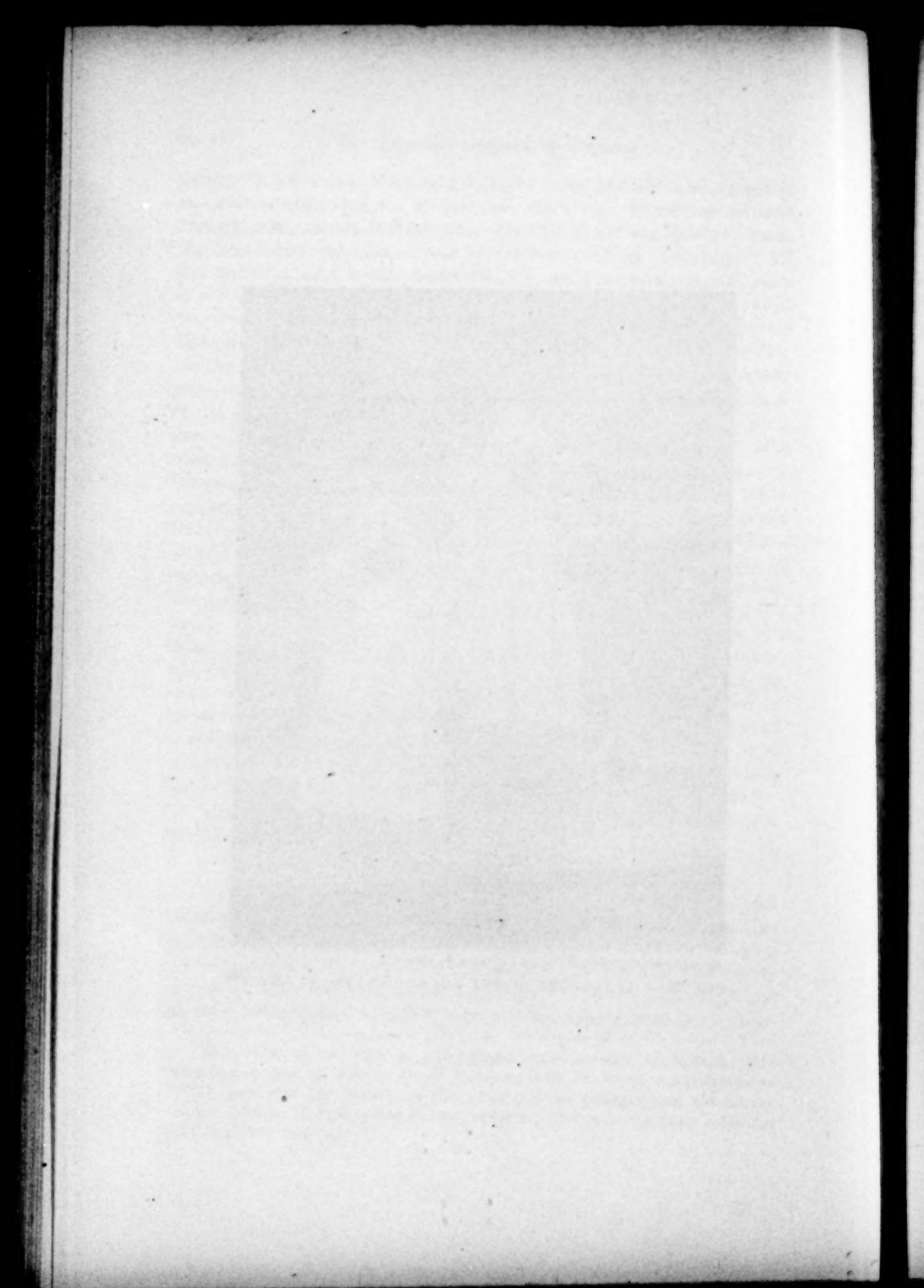
THE August number of *La Garde-Malade Hospitalière* has a most interesting account of the installation and service of the first visiting nurse in France under the new system of nursing. The money by which this urgently needed work is made possible was given by parents in memory of their only son, to Dr. Hamilton "to relieve suffering," and she most wisely placed a visiting nurse in the city of Bordeaux. Mlle.

* The Hotel de la Poste is a delightful place to stay in Beaune. The photographer, one of Messrs. Ronco Brothers, will be found most courteous. He had persuaded the Sisters, as they may not be photographed themselves, to dress children in their robes so that visitors might complete their collection of views of the hospital.



By permission of Ronco Frères, Editeurs, Beaune.

CHILDREN IN COSTUME OF THE NURSING SISTERS AT BEAUNE.



Amory, one of the graduates of the Protestant Hospital, was given the position. She works in coöperation with the out-patient department of the hospital and has her meals with the hospital nurses. She wears a very trim and pretty out-door uniform, and her diary, extracts from which are given in the JOURNAL, shows work exactly like that of our nurses, also conditions very similar to what they find—poverty, overwork, underpay, sweated industry, and all the sad accompaniments of life among the poor.

WHEN American nurses have sought registration from Legislatures they have occasionally been encouraged by hearing that "there were no politics in their bills." The English nurses do not seem to be so fortunate, for political parties seem to have many a whack at their bills. The last one was an attempt to exclude the Irish nurses from the benefits and protection of a registration act. This, of course, would have classed all Irish nurses as untrained and would have placed them at an absolute disadvantage as compared with Scotch, Welsh, and English nurses. One is at a loss to know what political club was back of this. The nurses and their friends, however, protested so vigorously that the proposal has been dropped.

NURSES often inquire about the opportunities for private work in Paris, and a very sound and good little article in the last number of the *Canadian Nurse* shows why it is not always certain that nurses can find work in Paris, while yet many of them do, and why it is one of the most charming cities of the world to tarry in for a time.



As for moral considerations involved in the present-day call to public health, we need only to think of the peevishness or the querulousness of invalidism, which often rise, or fall, into selfishness so gross as to be pathological; the dyspepsia, with its moral as well as physical torments to patients and their friends; or those degenerate and perverted human specimens which disease sometimes produces, to show that here also we can no longer attribute to devils what often proceeds from disease, and that the call to health and prevention for morals' sake is loud and urgent.— WILLIAM T. SEDGWICK in *Yale Medical Journal*.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

A DAY ON THE OUT-CLINIC WITH THE VISITING NURSE OF THE WASHINGTON UNIVERSITY HOSPITAL

By MENIA S. TYR, R.N.

Superintendent of Nurses at the Washington University Hospital, St. Louis, Mo.

THE work of sending an undergraduate nurse of my training school into the homes of the poor with the resident physician of our Lying-in Department, or with the resident physician of the Obstetrical Out-Clinic, in connection with our medical school, is only in its infancy.

The nurse who went out to inaugurate this work February 1, 1908, was in her senior year and had had both her practical and theoretical training.

Her duties are to accompany the doctor to the home, assist him during the confinement, utilizing to best advantage whatever she finds in the house. She makes the bed, bathes the patient, applies the abdominal binder and vulva pad, oils and dresses the baby, etc. She makes a daily call upon this patient for ten consecutive days when, if everything has been normal, the patient is usually allowed out of bed and the visiting nurse discontinues the visits.

The patients seem very grateful and readily get anything required of them by the doctor or nurse. Incidentally, the nurse teaches the art of cleanliness and ventilation. After the first postpartum day, the patient realizes what the nurse will require to work with when she comes and her work is greatly facilitated by the baby's clothes being laid out, water being hot and boiled, and the family wash basin being clean, and fresh bed linen and gown in readiness.

The colored people are especially pleased to have a white woman wait on them and all along the alley or street smiling colored faces welcome and speed the visiting nurse.

A nurse has made thirteen calls between 7 A.M. and 7 P.M., but a great deal depends upon the distance between calling places. The

nurse, while out, keeps in touch with the hospital by telephone, and in this way attends confinements which occur during the day. As yet I have not seen my way to send a nurse out at night. Upon her return in the evening she writes a full report and before starting out in the morning gets new names and addresses from the resident physician. I keep a nurse on the Out-Clinic for one month, and each nurse has enjoyed the work very much.

As to conditions met, the following cases are illustrative:

Annie, aged 20, colored, first postpartum day, was in very good condition, the uterus well contracted. She occupied what looked to be a clean bed. Upon examination, found a horse blanket, which was very hairy and smelt badly, folded underneath some soiled newspapers and both were covered by a nicely folded clean sheet. Also found under a clean white spread, a very dirty quilted comfort without any upper sheet.

We first cleaned the wash basin and put some water in it to warm to bathe the baby. We removed the horse blanket, replaced clean newspapers, pulled up the lower sheet and tucked it in at the top, put on a clean upper sheet, repinned the abdominal binder and fastened on the vulva pad with a folded towel and four safety pins. The patient had been cleansed and had had a clean pad applied by the mother before she went out to do her day's washing. The gown was clean and had been very nicely starched and ironed. Upon pushing the bed back in place, a bucket containing urine and soiled pads and absorbent wipes was discovered under the bed.

The day was cold and wet, an open fire was burning in the room, but the air was heavy and stifling, so we raised a window in an adjoining room. The water being warm, the baby received its first sponge bath. Its band being soiled, had to be changed, but the navel dressing of absorbent cotton was not touched.

In the afternoon we went to a room, filthy and dark, lighted only by the faint light over the door. It was the seventh postpartum day for Fannie, aged 28, colored, and she was sitting up in bed, eating pigs' feet, onions and bread. The patient said her breasts had not troubled her, although they were enormously large,—the right one was caked slightly and was massaged. She objected to a breast binder being put on for support. This visit, owing to lack of fire and warm water, occupied forty-five minutes. The patient's temperature was 99° and pulse 80. Both baby and mother seemed perfectly well and happy.

Our last call for the day was on Marie (also colored). It was the seventh day after an abortion, occurring at four months. Beside

the usual treatment her breasts were massaged and rebandaged. This had been done the day previous, but the patient had removed the bandage. Marie's husband being on night duty occupied half of her bed during the day, and here the nurse found him daily when she visited. There are some things to which a visiting nurse has to be blind.

A CONFINEMENT CASE AT THE OUT-CLINIC.

This case had been pending all day. At 7 P.M. I went with Doctor R., the resident physician on the Out-Clinic, to assist with the delivery. On a mattress, on a cot, with a dirty comfort over her, in an overheated, ill-smelling, ill-ventilated room was our patient, Mamie, colored, aged 15, a primipara. A family of three, the patient with her father and mother lived in this one room. One of our medical students, Mr. B., had been watching the case since 6 A.M. The necessary instruments, etc., were already boiled. The baby clothes, a clean gown, a binder, three clean sheets, a spread, two slips and nine towels were ready also. A kettle of boiling water was on the gasoline stove and a pail of cold water was on the floor. A pint cup, one slop bucket and two wash bowls were pressed into service. The patient was on the Kelley's pad and we turned her across the cot. Mr. B. gave the anæsthetic. The mother held the right leg and the left one rested on a chair while I cleansed the patient's abdomen, thighs, buttocks and vulva with soap and water and with $\frac{1}{2}$ per cent. carbolic solution and cotton, and catheterized her. The doctor meanwhile scrubbed his hands, put on his apron and gloves, and as soon as the patient was ready examined her. I held the left leg of the patient and the mother held the right while the doctor applied the forceps and delivered the patient of an eight pound boy at 8.40. The cord was around the neck and the baby was asphyxiated. I wiped the eyes with cotton wet with boracic solution and wiped the hands with a towel and tied the cord as quickly as possible while the doctor was performing artificial respiration, of which he practised the various methods for ten minutes before the baby cried. Then I applied vaseline, dry dressed the cord, wrapped it in some soft old muslin and put the baby on its right side beside a hot water bag. Meanwhile Mr. B. had been kneading the uterus and gave the patient one dram ergot. In twenty minutes from the time the baby was delivered, the placenta was expressed. The doctor put two stitches in the fourchette which was slightly lacerated. I cleansed the patient, applied abdominal binder and a vulva pad of absorbent cotton, held in place with a folded towel pinned on with four safety pins, two in front and two at the back. I made the bed, using two clean sheets, some folded

clean old muslin over some newspapers (for a draw sheet and mackintosh), a comfort and white spread and two pillows with clean slips, and after putting a clean gown on Mamie it all looked quite orthodox.

The mother took the Kelley's pad out in the yard to the hydrant and washed it. I put on the baby's band, rubbed the baby with some soft old muslin to remove the vaseline; dressed it, and the doctor put some nitrate of silver in its eyes and I flushed them with boracic solution. The doctor and Mr. B. had dried the instruments. I dried the Kelley's pad, tidied the room, and we washed our hands and still had some clean towels left to dry them on. The doctor gave the usual orders for the care of the patient, and left his prescription to be filled and given according to directions, and at 9.15 we left for home.

ITEMS

SINCE our last issue the positions in Galesburg, Ill., and Columbus, Ohio, have been filled.

ALL matter pertaining to visiting nurse work should be addressed to the editor of this department, 79 Dearborn St., Chicago.

ANY communications about the National Seal for visiting nurse associations should be addressed at once to Mrs. Hunter Robb, Cleveland, or to Miss Fulmer, Chicago.

THE Chicago Visiting Nurse Association has two vacancies as district supervisors, to begin with a salary of seventy dollars per month. Applicants must have experience in visiting nurse work.

DURING June, July and August the visiting nurses of Chicago have done some valuable preventive work in care of babies, sick and well. They have worked in connection with the Milk Commission of Chicago, following up all cases using this milk and teaching the mothers how to use it properly.

THE Chicago Visiting Nurse Association has had eight nurses on duty in the vacation schools. They have given two hours daily to instruction in personal hygiene to classes of boys and girls, ranging from ten to fourteen years. The association furnished tooth-brushes, wash cloths and soap free to all children. The nurses gave demonstrations of the proper way of cleaning teeth, washing hair, and caring for nails. There was a great deal of interest aroused in these classes and it remains to be seen how far-reaching the results will be.

A POSTGRADUATE course in visiting nursing is offered to graduates of recognized training schools in the Visiting Nurses Settlement, 24 Valley Street, Orange, New Jersey. The term is three months, and experience and training are offered in medical, surgical, obstetrical and tuberculosis work (outdoor treatment under competent supervision).

A salary of twenty dollars per month and living expenses is offered. For full particulars apply to Miss Honora Bouldin, head worker.

THE Association of Visiting Nurses of the State of New Jersey was formed last autumn and consists as yet only of a comparatively small number of nurses, whose working districts are almost adjoining, but the association would like to come in touch with all the workers in the field throughout the state and, therefore, extends a hearty greeting and cordial invitation to all the district nurses of New Jersey to send their names and addresses to Miss Frances A. Dennis, 48 Warren Street, Newark, N. J.



IN the antituberculosis movement the medical profession has for the first time, as far as I know, thrown off the ancient mantle of professional exclusiveness in dealing with a medical problem, and invited the public to share with themselves all of their professional knowledge—and ignorance. This step seems to me of extreme importance and sure to prove of lasting honor to the profession. The clergy long since led the way and shared their knowledge and their aspirations with the people; the medical profession has now taken the same democratic and inevitable step, and it only remains for teachers and practitioners of the law to follow suit. Perhaps when they have done this our Legislatures will be improved and our cities better governed. For better or worse, America has embraced democracy, and in a democracy any professionalism that smacks of aristocracy or unnecessary secrecy is out of place.—
WILLIAM T. SEDGWICK in *Yale Medical Journal*.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

TWO QUESTIONS

DEAR EDITOR: May I ask two questions through the pages of the JOURNAL? *First.* How much of proteids yields 4.1 calories? The reference is to the first article on Dietetics, page 447 of the March number.

As the calorie represents a definite amount of heat I do not understand the statement: "Proteids yield 4.1 calories."

Second. In the August number (page 913) what is meant by "Egg-albumin was not given on account of the possibility of forming toxins."

Very truly yours,

MINNIE BROWN, R.N.

["The question is a good one, for in re-reading the statement referred to, I see that the text is not plain. It might better read: 'The heat value of 1 gram ($15\frac{1}{2}$ grains) of each of the chief nutritive constituents of food when taken into the tissues is as follows: proteids, 4.1 calories; carbohydrates, 4.1 calories; fat, 9.3 calories.'"]

MARY C. WHEELER

The sentence, "Egg albumin was not given (to typhoid patients) on account of the possibility of forming toxins," really explains itself. Animal albuminoid substances (from milk, ice cream, meat, egg, etc.) brought in contact with the bacteria of an infected intestine (as in gastro-enteritis and in typhoid fever) not alone aid in sustaining the pathogenic organisms, but also toxalbumins form, which again may be absorbed. Such toxins for instance cause the tympanites and the parietic condition of the typhoid intestine.

New York, Sept. 12, 1908.

A. SEIBERT.]

DISINFECTING EXCRETA IN TYPHOID

DEAR EDITOR: I believe the best method for the sputum is the paper lined cup, using a few drops of carbolic acid to prevent any dis-

agreeable odor. It will not be any more expensive than the use of a strong disinfectant and seems a great deal safer. A solution of chloride of lime used freely over the stools, allowing them to stand a while before emptying into the closet, is a good method, but like all the disinfectants is hard on the plumbing. I hope to see some interesting discussion on this subject.

M. L. M., R.N.

DEAR EDITOR: In the August number of the AMERICAN JOURNAL OF NURSING is a letter regarding "The Care of the Excreta During Typhoid Fever." I recently discussed the question with a druggist who said that he considered Platt's chloride the surest, though expensive. I therefore diluted it 1-10, as I always have, and endeavored to use enough to be thorough and to not use more than necessary. I have been on duty with nurses who had not read the directions on the bottle and used it clear, nurses who were graduates from what is considered a very good training school.

I consider that expensive things, intelligently used, are not as expensive in the end as imagined. This druggist considered Kresol inexpensive and I used it as a deodorizer. I suppose it is the same as creolin, but if there is the objection which is mentioned to its use carbolic could be used as a deodorizer.

For disinfecting the clothes, the druggist considered formaldehyde the surest. It is expensive but he sent a pint bottle and I used a tablespoon to a large bucket (as we say in the south) or pail of water, which is sixteen quarts. It was used accurately and was more than enough for the disinfecting of the clothes during the entire illness.

I have noticed that oftentimes the nurse does not give thought enough to instructing members of the family that they are not to handle the clothes as they come off the bed unless they are caring for the patient during the nurse's hours of rest; that they should never touch the patient, not even to stroke his hand in affection, without thoroughly scrubbing and disinfecting the hands afterward. I do not instruct people regarding these things in the presence of the patient.

E. C. H., R.N.

A CRITICISM OF THE EDITOR

DEAR EDITOR: Referring to your editorial on Woman Suffrage (September number) your latest decision to "remain neutral" on "broad questions" including woman suffrage is a deep disappointment to me.

I understand that it is impossible for our magazine to do propaganda work on so-called "broad questions," but let me beg of you not to "avoid issues." Is it logical for you to interest us in such subjects distinctly outside the four walls of a sick room, as social hygiene, school hygiene, almahouse reform, child-labor laws, factory inspection, etc., if your attitude on "broad questions" is to remain neutral?

All of these subjects mentioned lead one directly to the fact that only through the ballot, in this country, can one hope for really lasting improvement. For instance, my state association appointed me to visit our county almahouse; I had the opportunity to do this thoroughly, and also to get unprejudiced, accurate information about the management of the place. I found that one could be a "lady visitor," and serve ice cream to the "inmates," give an entertainment once in a while, or send clothing, but I also found that it was quite impossible to be of any direct use in improving wretched methods and conditions, unless one were a trustee. I asked a man "who knew," if a woman could be appointed a trustee, when there was a vacancy on the board. He answered very promptly, "Oh, no." "Why?" I asked. He replied, "She has no vote." Then I reflected that in my state, Maryland, women are placed on the same plane, politically, as the half-witted "inmates," I had just seen. It gave me a bad hour, but it made me think.

You may imagine my disappointment when the "delegates representing 14,000" turned down by a large majority, in San Francisco, the obvious fact, that "until men and women have equal political rights, they cannot do their best work"—how *could* they have done it? It seemed a case of "so much the worse for the facts." My next hope was that our magazine would present the question fairly to us, at least, but alas, I find the editorial staff is in the "twilight zone" of neutrality and brushes this vital question carelessly aside.

Are we only to regard your JOURNAL in the light of a primary instructor, or can we expect real help from you after you have taught us to think? If you continue to remain neutral on the woman suffrage movement, may I suggest to you that your logical attitude must be that "a nurse's place is *inside* the sick room, not mixing up in affairs outside of her sphere."

MARY BARTLETT DIXON, R.N.,
Johns Hopkins Hospital, 1903.

Easton, Maryland, September 10, 1908.

[The editorial policy of the JOURNAL in regard to the suffrage and all important questions is determined by the Board of Directors. The

President of the JOURNAL COMPANY is also the president of the Associated Alumnae, of which association the JOURNAL is now and has always been the official organ. The JOURNAL and the Associated Alumnae are practically one, and until such time as the Associated Alumnae are ready to endorse suffrage, the JOURNAL's policy must remain neutral.

Personally, I regret the action of the delegates at the San Francisco meeting, and if I had been present I should have thrown the weight of my voice in favor of suffrage, but probably this would not have influenced the result of the vote, as I understand the subject was ably argued by members who support the suffrage movement.

Miss Anthony, herself, came to realize in her later years that suffrage was a matter of education, that it could not be forced upon the people until they were ready for it. I am inclined to think that the delegates at the San Francisco meeting represented either the sentiment of their home associations, or voted against it from doubt as to what that sentiment was. Nothing does the cause of suffrage greater harm than intolerant criticism which takes the form of personalities. The action taken at San Francisco has brought the matter of suffrage sharply before the nurses of the country. There are in every city opportunities for the study of this matter and I believe the time has come when our organizations may well devote careful, moderate and sane consideration to the whole broad subject.

In my judgment those nurses who were instrumental in turning the vote against the suffrage movement should give their reasons through this department of the magazine.

I do not wish to enter into any personal contention with Miss Dixon in regard to her letter of criticism of the JOURNAL's editorial attitude more than to say that the subjects, which she refers to, of social hygiene, school hygiene, almshouse reform, child-labor laws, and factory inspection are distinctly nursing subjects, because they have to do directly with the health of the people, and because nurses are engaged professionally in these various lines of occupation, while suffrage is, in my judgment, a social subject with an indirect bearing upon nursing matters.

SOPHIA F. PALMER, R.N.

Permanent member of the Associated Alumnae, and Editor-in-Chief of the JOURNAL.]

EXTRACT FROM A LETTER TO MISS DOCK

As a nurse intensely interested in the suffrage movement, both here and in England, may I thank you for your splendid letter in the last

JOURNAL? I cannot understand the nurses' apathy, particularly when we have seen so many of our registration bills juggled with, repeatedly. But I trust that each year will bring more light to them in this respect, for we are going to have the suffrage, some day, and not by migrating to Colorado, either.

E. L. F.

RECOGNITION OF THE WORK OF SOUTHERN NURSES

DEAR EDITOR: The "Experience as a Red Cross Nurse," written by Miss Beadle for the September JOURNAL, reads very well for the Red Cross nurse, but nothing is said of the noble work done by the physicians of Hattiesburg, volunteer nurses from the Kings' Daughters and the six professional nurses from New Orleans, who went to the relief of the storm victims and who cared for the sufferers during their most critical moments. In justice to them please allow me to make a little statement. The storm at Purvis, Mississippi, a small place eighteen miles distant from Hattiesburg, occurred on the afternoon of April 24. The citizens of Hattiesburg immediately went to the rescue and all victims rendered homeless or injured were brought back to the city of Hattiesburg. A call soon went in to New Orleans for six nurses, of whom I was one. The worst cases were sent to the South Mississippi Infirmary, at which place we six nurses were stationed. There we found we had plenty to do, although the patients were all very good and bore their afflictions with remarkable fortitude. All patients were convalescing at the time the Red Cross began its work.

This article is not intended as a reflection on the Red Cross work but Miss Beadle failed to state that almost two weeks transpired before a Red Cross nurse was seen in Hattiesburg, and during that length of time New Orleans nurses and Hattiesburg nurses cared for the victims and did good work.

JOSEPHINE A. EITEL.

Wilson Infirmary, Brockhaven, Miss.

CARE OF THE FEET

DEAR EDITOR: I am very much interested in the letters on the care of the feet and wish to add a few suggestions. I am often reminded of a remark made by an orthopedic surgeon: "If people abused their faces as they do their feet, what awful looking people they would be." Since taking up chiropody I am surprised to find how intelligent people abuse their feet. Felix Wagner, who has written the best book on chiropody, says: "Most people think any one can cut a corn, when, as a matter of fact, no one can do it for himself properly." A few

suggestions to nurses are: Scrub the feet with a soft brush and ivory soap, three times a week. Rub with both hands while the lather is on, rinse until all soap is removed, dry thoroughly, and rub with lanolin, at night. In the morning, dust with boracic acid powder, and use a fresh pair of seamless stockings every day. I make a strong point of seamless stockings as callosities are formed on the sole of the foot from seams in stockings. The shoe should be broad enough in the toe so that the great toe is perfectly straight and all toes can spread when the person steps forward. There should be no pressure on the little toe, the ankle and instep should be held firm, and the heel should suit the arch of the foot, with extension soles and laced shoes. Consult a good clean chiropodist as often as the toe nails and other foot troubles need attention. A nurse who suffered very much with her feet during training told me she always went to a chiropodist before going to an obstetrical case—and forgot all about her feet while with the patient. She much preferred to spend her money for chiropody rather than for fudges.

Hoping you will not think I am advertising *my job*,

Sincerely yours,

SPINSTER,
Class 1883.

A PROBLEM

DEAR EDITOR: Will you allow me to state an experience that I had last August, and ask the opinion and advice of my sister nurses?

I was taken a distance of thirty-eight miles, by a physician, to a case of pneumonia. The family did not know the doctor was slightly intoxicated, or that he was to bring a nurse, until we arrived, which was about midnight. They did not want a nurse, and the physician said I should stay. I felt it my duty to obey orders, which I did, but the family did not see it that way, and I was placed in an uncomfortable position for five days, when the patient recovered sufficiently for me to leave.

I would like to hear, through the JOURNAL, from some of the nurses who have had similar experiences, and what they would have done under like circumstances.

M. H. K.

INFORMATION DESIRED

DEAR EDITOR: I should like to hear how the state associations regulate the standard for the training schools and how the membership

committee of these associations act upon applicants from other states than their own.

Can a hospital not giving obstetrical or contagious training or just one of the above mentioned be called a general hospital?

Is contagious training compulsory in all large training schools?

M. M. M.

[1. Send to the Education Department at Albany, N. Y., for a copy of the Nurse Practice Act of 1903, with a copy of the Regents' rules governing the same. Send also to the secretary of the Maryland State Examining Board, Mary C. Packard, 27 North Cary Street, Baltimore, Md., asking for copies of the Maryland state law, with the rules governing the inspection of training schools in that state.

2. No.

3. It is not. Theoretical instruction is required of schools registered by the New York Board, but practical experience is not compulsory.—Ed.]

EXTRACTS FROM LETTERS TO THE EDITOR

[At this season of the year, the editor-in-chief is in the habit of writing to each member of her staff of collaborators, asking for criticisms of the JOURNAL during the past year and for suggestions for its future development, outlining such special features of JOURNAL work as she wishes each to undertake in her community. We give some extracts from letters received in reply which have been most encouraging to the editor.]

"Perhaps it would cheer your heart if you knew how much I appreciate the AMERICAN JOURNAL OF NURSING. I really fail to understand how any superintendent of any training school can efficiently perform the varied duties which come to one holding such a position, without having frequently to refer to the information which is to be found within the pages of this very valuable JOURNAL."

MARY A. SNIVELY.

"I have no criticisms to make, the longer I am out of active work and removed from nursing centres, the more the JOURNAL means to me. I am sure I am right in thinking that most of your criticism comes from nurses in large hospitals who are identified with every new idea, and forget how remote private duty nurses are from such things."

ISABEL McISAAC.

"Personally I can find nothing to criticize in the JOURNAL; it is one whole delightful reading to me. Those few who subscribe through me

are always glad to renew, but I find it almost impossible to gain new members, partly because so many live together in central houses, but more often the cause is indifference and unwillingness to pay out the small sum yearly. 'I haven't time to read,' or 'There are so many things to keep up' are the two cries."

D'A. STEPHENS.

"As far as a criticism of the material that has been printed in the JOURNAL, I can only say that a great deal of it has been very helpful and interesting. I do not see how a better choice of material could be made.

"I think that one reason many graduates do not subscribe is because they are not 'brought up on it' in training. I follow this plan here. As soon as the JOURNAL comes, I make a list of the best articles with the pages and head it

AMERICAN JOURNAL OF NURSING

Required reading for September, 1908

Article..... page.....

and leave room below for the pupils to sign their names after reading it. The consequence is they read it through and look forward to it, and when they graduate they are expected to subscribe for it."

MARY C. WHEELER.

From other correspondents we quote the following:

"I am very glad to renew my subscription, and I want to express my appreciation of the JOURNAL's worth. Every number is crisp and fresh, and expressive of the head and heart qualities put into it. It must cost a great deal of thought and hard work, but the results cannot but be encouraging to you."

LYSTRA E. GREYER.

"I think that the AMERICAN JOURNAL OF NURSING gets better all the time and I could not do without it."

M. D. CURRIE.

"We have no JOURNAL in Virginia, but the alumnae and all of our nurses are dependent upon the AMERICAN JOURNAL OF NURSING which we consider very fine, as it gives both foreign and home news."

MARY BYRD BRIGHTWELL.

"Thanks for the inspiration each month that comes with the JOURNAL. It sort of buoys one up."

CAROLINE M. RANKIELLOUR.

"Success to the dear JOURNAL of which every number is hailed with delight among nurses."

THERESA M. ERICKSEN.

From India.

"I am a regular subscriber to the AMERICAN JOURNAL OF NURSING, and have always enjoyed it. It has so often been a stimulus to me in my work out here."

"SANSI."



RECOVERABLE PSYCHOSES.—The *Journal of the American Medical Association*, quoting from the *Wisconsin Medical Journal*, says: Rogers concludes that the records of the large hospitals for the insane in this country and Europe show a percentage of recoveries from all forms of insanity, ranging from 50 to 60 per cent. If statistics were limited to recoverable cases, and if those cases treated at home were included, this would be augmented to nearly 75 per cent. The percentage of complete recoveries has been greatly increased as a result of more scientific methods of diagnosis and treatment. Contrary to popular prejudice, inherited insanity is far from a hopeless condition, many patients recovering, but recurrence is made more probable by the presence of this factor. The prime essential for recovery in the psychoses is that the patient come under proper treatment early. Fully 50 per cent. of those recovering began treatment in the first three months of the disease. Statements concerning prognosis in any type of insanity should always be guarded, and no definite opinion should be offered until ample time has passed for careful study and observation of the patient.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 15th of the month.]

ANNOUNCEMENTS.

THE INTERNATIONAL COUNCIL OF NURSES

THE regular business meeting of the council will be held in 1908, from the 20th to the 23rd of July, in Caxton Hall, Westminster, London, England.

Great Britain, the United States, and Germany will send official delegates. Holland, Finland, and Denmark will be admitted into membership. Regular notices of amendments to the constitution proposed and up for decision will be sent to the secretaries of affiliating societies early in 1908.

LAVINIA L. DOCK, Secretary.

THE AMERICAN HOSPITAL ASSOCIATION

OWING to the impossibility of securing adequate hotel accommodations on the dates formerly selected, it has been necessary to change the dates of the tenth annual meeting of the American Hospital Association, to be held at Toronto, Ont., from September 22-25, to September 29 and 30 and October 1 and 2.

MEETING OF CANADIAN SUPERINTENDENTS

THE Canadian Society of Superintendents of Training Schools for Nurses will hold its Second Annual Convention in Ottawa, Ontario, Canada, October 8 and 9. It is hoped that steps may be taken at that time to so unite the various scattered nurse organizations throughout the Dominion of Canada as to make it possible for them, during the ensuing year, to unite with the International Council of Nurses.

COLORADO STATE EXAMINATION

THE Colorado State Board of Nurse Examiners will meet at the state capitol, Denver, on October 23, 1908, to examine applicants for registration according to "An Act Relating to Professional Nursing." Apply to Mary B. Eyre, R.N., Secretary, 642 Grand Ave., Denver, Col.

PENNSYLVANIA STATE MEETING

THE annual meeting of the Graduate Nurses' Association of the state of Pennsylvania will be held at the College of Physicians, Thirteenth and Locust Streets, Philadelphia, Pa., on Wednesday, Thursday, and Friday, October 14, 15, and 16, 1908.

The chief topic for discussion will be the "Bill Providing for the Registration of Nurses," and a large attendance is hoped for.

The first edition of the "Quarterly" will be ready in October. Subscription price is one dollar a year, ten cents a copy, and payable in advance. Subscriptions are to be sent to Mrs. M. I. Moyer, Strafford, Pa.

Members and delegates can secure accommodations at the following hotels: Hotel Walton, Broad and Locust Sts. Single room, \$1.50 per day and upwards; single room, \$3.50 per day with bath. Hotel Rittenhouse, Twenty-second and Chestnut Sts. Single room, \$1.50 per day and upwards; single room, \$2.00 per day with bath. Colonnade Hotel, Fifteenth and Chestnut Sts. Single room, \$1.00 per day and upwards; single room \$2.00 per day with bath.

NELLIE M. CASEY, Assistant Secretary.

INDIANA STATE EXAMINATION

The Indiana State Board of Nurse Examiners will hold an examination of nurses for state registration at Indianapolis, in the state capitol, November 18 and 19, 1906.

All applications should be in by November 18.

EDNA HUMPHREY, Secretary and Treasurer.

OHIO STATE MEETING

The annual meeting of the Ohio State Association of graduate nurses will be held at the Hotel Secor in Toledo on October 20 and 21.

ELLA PHILLIPS CRANDALL, Acting Secretary.

NEW YORK STATE MEETING

The seventh annual meeting of the New York State Nurses' Association will be held at Buffalo, on Tuesday and Wednesday, October 20-21. The headquarters and place of meeting will be at the Genesee Hotel, corner of Main and West Genesee Streets.

Delegates are requested to take Main Street cars, or any cars going toward Main Street past the Exchange Street station. Guides, wearing white badges, will be at the station to meet guests and direct them where to go.

Delegates and members are urged to arrive on Monday, if possible, as registration will open at 9 o'clock sharp on the first day, and important papers will be read on that morning.

The Executive Committee is anxious to make this the best convention ever held in this state, and calls upon every nurse, whether she is a member or not, to come and do her share in making it a success.

MARY D. BURNELL, R.N., President;

FRIDA L. HARTMAN, R.N., Secretary.

PROGRAM

TUESDAY, OCTOBER 20, 9 A. M.

Registration of members and visitors. Payment of dues.

10 A. M.

Call to order.

Invocation, Bishop Berry.

Address of welcome, The Hon. J. N. Adam, Mayor of Buffalo.

Response.

Reading of minutes of last annual meeting.

Report of arrangement committee.

Report of program committee.

Report of Nurse Board of Examiners.

Annual report of secretary.

Annual report of treasurer.

Annual report of standing committees: credentials; by-laws; legislation; press; finance.

Report of delegate to Nurses' Associated Alumnae of the United States for 1908.

Address of president.

Paper, "Work in the Association for Improving the Condition of the Poor." H. G. Franklin, R.N., through the courtesy of Mr. Robert W. Bruer. Discussion.

Paper, "Red Cross Work," Jane M. Pindell, R.N., superintendent New York City Training School.

Report of Training School Inspector, Anna L. Alline, R.N.

Report of nominating committee.

Delegates entertained for afternoon by the nurses of Buffalo.

7.30 P. M.

Call to order.

Paper, "State Registration, What It Has Done and What It Fails to Do," Sophia F. Palmer, R.N., Rochester. Discussion by Miss Nye.

Paper, "Work in the Public Schools," Lina L. Rogers, R.N., supervising school nurse, New York City. Discussion.

Paper, "The Nurse as an Educator," Dr. Franklin W. Barrows, Buffalo. Discussion.

WEDNESDAY, OCTOBER 21, 9 A. M.

Superintendents' informal meeting.

10.30 A. M.

Call to order. Roll call. Business.

Paper, "Post-graduate Work in Hospitals," Annie W. Goodrich, R.N., General Superintendent of Training Schools, Bellevue and Allied Hospitals. Discussion.

Paper, "Social Welfare Work," Dr. Lucy Bannister. Discussion.

Polls will be open from 9 A. M. until 1.30 P. M.

2.30 P. M.

Call to order.

Paper, "Hospital Economics," M. Adelaide Nutting, R.N., director of Hospital Economics Course, Teachers' College, New York City. Discussion.

Paper, "Is the Mercenary Spirit too Much in Evidence Among Nurses, if so, What Is the Remedy?" By Dr. Dewitt G. Wilcox.

Paper, "The Modern Nurse in Surgical Work," Dr. Roswell Park.

Paper, "The Nurse of To-day in Nervous Work," Dr. Putnam. Discussion. Unfinished business. Report of tellers. Adjournment.

Question box to be in charge of Mabel M. Chase, R.N., Syracuse.

Members are requested to put in form of questions any subject they may wish discussed and place same in the box for that purpose.

STATE MEETINGS.

INDIANA.—The sixth annual convention of the Indiana State Nurses' Association met in the Indiana state capitol building, September 8, for a two days' session.

The meeting was opened with prayer by the Rev. Dr. McPherson of the Tabernacle Presbyterian Church. The address of welcome was given by Miss M. L. Prange and the response by Mrs. Teague of Marion, Indiana.

The president's address was of great interest, a review of work in the past, showing what may and should be accomplished in the future. The president who is also secretary of the Nurses' Examining Board, is in a position to point out weak points and to show where better work may be done.

The reports of the various committees were interesting, especially those on "Tuberculosis" by Dr. Maude McConnell, "Hospital Inspection" by Miss L. Cox, and "Alms-house Work" by Mrs. Fournier.

Dr. J. N. Hurty, secretary of the Indiana State Board of Health, gave a paper on "Hygiene" both interesting and instructive, showing the distinction between "Hygiene" and "sanitary science" and how nurses may help to bring about better sanitary conditions. He said that "Hygiene can prevent more crime than law." Dr. Jewitt V. Reed gave a paper on "Serum and Vaccine Therapy" and Dr. Helen Knabe showed and explained "Pathological Specimens of Interest to Nurses."

The papers by the resident nurses were "Typhoid Fever," Miss Gerin, assistant superintendent City Hospital Training School; "Baths," Miss Phelps, superintendent Elenor Hospital for Sick Children; "Diets in Fevers and Convalescence," Miss Nifer, graduate in Hospital Economics Course, Columbia University.

The papers were all ably presented and brought out clever discussions beneficial to all listeners.

The election of officers for the coming year was as follows: president, Miss M. B. Sollars, first vice-president, Miss M. L. Prange; secretary, Miss M. D. Currie, 39 The Meridian, Indianapolis; treasurer, Miss A. Rein.

The committee on resolutions presented its report expressing the great sense of loss the association feels in the death of a much loved member, Miss S. L. Cook of Crawfordsville, who died in Seattle, Washington, August 2, 1908.

The sixth annual convention adjourned to meet in Marion, Indiana, in the spring of 1909. Respectfully submitted, M. D. CURRIE, Secretary.

VIRGINIA.—The Graduate Nurses' Association of Virginia held its eighth annual meeting in Danville, Virginia, on the eighth, ninth and tenth of June.

The opening session was presided over by Dr. William Robertson as chairman, and the feature of the evening was an address by Miss Ruth Paxton, of the Student Volunteer Movement. The discussions of this delightful and instructive address were by the Reverend Thos. D. Reeves and Miss Evelyn Brydon of Danville.

The business sessions were held in the Masonic Lodge. After prayer by the Reverend Cleveland Hall and the reading of the minutes of the last meeting, correspondence and reports from committees, routine business was taken up and discussions followed. The papers at the first morning session were "The Hospital Economics Course" read by Louise Powell, and "The Graduate Nurse and Her Alumni" read by Emily Jones, of Richmond.

The afternoon session was devoted entirely to papers, reports and discussions of tuberculosis work all over the state. The topic was opened by a very able paper by Mable Jacques, head nurse in charge of tuberculosis work in Philadelphia.

After the business of the last session a paper was read by Elizabeth R. P. Cocks on the "Obligations of the Registered Nurse." This was followed by discussion, the appointment of committees, the announcement of the election of officers and the call for the suggestion from the floor of topics of papers for the next annual meeting, which will be held in Norfolk, Va., the first week of June, 1909.

The social features of the meeting were a very delightful reception at the Danville General Hospital, a trolley ride through the city and its picturesque environs, and a reception at the House Rock Country Club, which is beautifully situated on the Dan River several miles from the city.

The officers for the following year, and their addresses, are: president, Louise M. Powell, Whittier Hall, Teachers' College, New York City; first vice-president, Elizabeth Mooreman, Lynchburg, Va.; second vice-president, Daisy Moore, Staunton, Va.; third vice-president, Maude Woodward, Danville, Va.; recording secretary, Ethel Smith, Norfolk, Va.; corresponding secretary, Elizabeth R. P. Cocks, Bon Air, Virginia; treasurer, Ruth I. Robertson, Richmond, Va.

[In sending this report at so late a date, Miss Cocks explains that she mislaid it, and thought it had been sent.—Ed.]

REGULAR MEETINGS

PHILADELPHIA, PA.—The alumni association of St. Timothy's Hospital, Roxborough, Philadelphia, is looking forward to having an endowed bed in the hospital in the near future.

The first effort in this direction was made last June, when a porch party was given in Roxborough for the purpose of starting a fund. So generous was its patronage and so cordial the coöperation of the nurses' friends, that over six hundred dollars was realized at that time.

Now another generous friend, Mrs. Katherine Wentz, 6037 Overbrook Ave., Overbrook, has offered to give \$4000 to the fund when the nurses shall have raised the four hundred dollars necessary to make the first one thousand dollars.

Plans for raising the remaining four hundred dollars will be discussed at the October meeting.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held its fourth annual business meeting September 9 at 1502 Third avenue S. Twenty-five nurses were present. A most successful year and 156 members were reported.

Miss Edith P. Rommel, R.N., was reelected president. The other officers were chosen as follows: L. Louise Christensen, R.N., first vice-president; Anna McKinney, R.N., second vice-president; Harriet Prime, R.N., secretary; Elizabeth Sprague, R.N., assistant secretary, and Marie Nelson, R.N., treasurer.

Dr. Marion A. Mead, the registrar, reported a very busy year through the registry, 2224 calls having been received for nurses and 1194 calls from nurses registering for work, making a total of 3418 calls, an increase of 366 over last year. The demand was so great that during twenty-nine days no nurses were available.

Besides successfully conducting the business of the organization the society has been able to extend its help in broader fields by donating toward a fund for the establishing of a chair in Hospital Economics at the Teachers' College, Columbia University, by sending a delegate to the national convention at San Francisco and by contributing to the national convention fund of 1909, which convention will be held in the twin cities next June.

PERSONALS.

MARY BROOKS EYRE, secretary of the Colorado Board of Nurse Examiners, has been ill all summer, but is recovering.

LOUISE M. PETTON is acting superintendent at St. Christopher's Hospital, Norfolk, Va., in the absence of Miss Eakins.

M. LOUISE MARTIN, superintendent of the Martin's Ferry Hospital (Ohio), has reported for duty after a month's vacation.

Miss SNIVELY, superintendent of nurses at the Toronto General Hospital, has returned to her post after spending a month at Scarboro Beach, Maine.

HELEN BRIGGETT, a graduate of the Illinois Training School, Chicago, has been appointed superintendent of Culver Union Hospital, Crawfordsville, Indiana.

GRACE HOLMES, who has been doing private duty and hourly nursing in St. Paul for some years, is in charge of the Pokegama Sanitarium, Pine City, Minnesota.

ANNETTE B. COWLES, graduate of the Rochester City Hospital, has accepted the position of Superintendent of Nurses of the Providence Hospital, El Paso, Texas.

ETHEL F. COOK, class of 1903, Germantown Hospital and Dispensary, and recently of the Army Nurse Corps, has accepted a position in Bradford Academy, Bradford, Mass.

Mrs. T. M. COOPER, formerly Miss Page Nelson Strayer, of the Protestant Hospital, Norfolk, Va., has returned to her home in South Carolina after a visit among relatives in Virginia.

ELIZABETH W. HOLT, class of 1907, Butterworth Hospital, Grand Rapids,

Michigan, has been appointed head nurse of the men's surgical ward, University of Michigan Hospital, Ann Arbor.

ESTHER V. HANSON, graduate of the Connecticut Training School for Nurses, New Haven, and recently of the staff of nurses at the Canal Zone, has been appointed chief nurse of the Navy Nurse Corps.

THERESA M. ERICKSEN, a graduate of the Northwestern Hospital, Minneapolis, who has been doing private nursing in San Francisco recently, has accepted a position in the Jim Bardin Hospital, Salinas, California.

FLORENCE HARTMAN, of Toronto, Canada, class of 1902, Methodist Episcopal Hospital, Brooklyn, has gone to Constantinople to teach English to Turkish students.

ALICE ASHBY, R.N., has resigned her position as superintendent of the hospital and training school for nurses in Reid Memorial Hospital, Richmond, Indiana, and is taking a much needed rest with her brother, Professor Ashby, at Bowling Green, Kentucky.

MARY B. SOLLERS, R.N., who has served so long and faithfully as superintendent of Home Hospital and Training School for Nurses at Lafayette, Indiana, has resigned her position there to accept a similar one at the Reid Memorial Hospital, Richmond, Indiana.

LUCKY HURLBURT, class of 1905, Toronto General Hospital, has accepted the position of superintendent of the sanitarium at Gravenhurst, Ontario. Mary Smeeton, class of 1906, has resigned her position as district nurse in Philadelphia, and has been appointed assistant in the Presbyterian Hospital, Allegheny, Pa. Alice May Johnson, class of 1907, has been appointed assistant nurse at the Cottage Hospital, Penelope, Bermuda.

A RESIGNATION which will cause regret is that of Lina L. Rogers from the staff of school nurses of New York City, of which she has been supervising nurse. The resignation takes effect October 1, closing six years of honorable public service for the Health Department. Miss Rogers created and organized the work of school nursing in New York, and the introduction of her nurse into the school revolutionized the service of medical inspection of school children and brought the matter before the public in the most comprehensive and common sense manner. The Nurses' Settlement selected Miss Rogers for the experiment, and her tact and ability have well justified the choice.

MAE MOWERS, class of 1900, Illinois Training School, Chicago, has accepted the position of superintendent of nurses at the City and County Hospital, Denver, Col. Miss M. E. Good, class of 1905, has resigned her position as preliminary instructor at the training school and will return to her former position as superintendent of the Eleanor Moore Hospital, Boone, Iowa. She is succeeded by Eleanor Cross. Caroline Hathaway Myers, class of 1900, has been spending the summer in Evanston, Ill., but will return in the fall to her home at Bristow, Cal. Mary Ledwidge has been added to the faculty of the training school. Anna Williamson, class of 1901, has accepted the position of superintendent of nurses at the Muskogee Hospital, Muskogee, Oklahoma. June Moore, class of 1907, is superintendent of the hospital at Iron River, Michigan. Miss Galbraith and Miss Brown, class of 1902, will take charge of the hospital in Douglas, Wyoming.

BIRTHS

On September 11, at the Methodist Episcopal Hospital, Brooklyn, a daughter to Mrs. Harry Taylor. Mrs. Taylor was Mary Owen, class of 1904.

MARRIAGES.

On June 15, Maud Dover, class of 1892, Toronto General Hospital, to Dr. J. H. Lowe of Toronto.

On June 10, Miss H. Schwalbe, class of 1905, Park View Sanitarium, Savannah, Georgia, to Mr. H. W. Jenkins.

On June 30, at Panama, Canal Zone, Miss D. McDonald, graduate of the Indianapolis City Hospital, to Charles Kenneth Lucas.

On August 17, Helen F. Mulligan, class of 1904, Rhode Island Hospital, to William J. Pine. Both are of Providence, Rhode Island.

On August 10, Gertrude May Moore, class of 1904, Toronto General Hospital, to Christopher Benedickson, M.D., of Winnipeg, Manitoba.

On June 30, in Brooklyn, N. Y., Elizabeth May Straley, class of 1906, Methodist Episcopal Hospital, Brooklyn, to John Monroe Battell.

On July 29, at Providence, Rhode Island, Grace M. Pilling, class of 1904, Rhode Island Hospital, to Fred L. Austin of Georgiaville, Rhode Island.

On September 8, Edith May Duff, of Dayton, Ontario, class of 1903, Massachusetts General Hospital, to John R. McKinnon, M.D. They will live in Boston.

On January 21, in Rochester, N. Y., Arabella Reynolds, class of 1906, Rochester City Hospital, to George Force Hutchinson. They will live in Rochester.

On June 30, in Ottawa, Canada, Mildred Isabel McFarlane, class of 1904, Methodist Episcopal Hospital, Brooklyn, to Charles Alfred Smith. They will live in Ottawa.

On March 25, in Rochester, N. Y., Kathryn Beatrice McKay, class of 1906, Rochester City Hospital, to Frank Carpenter Shant, M.D. They will live in Addison, N. Y.

On June 16, in St. John's Church, Boulder, Colorado, Gertrude E. Haines, class of 1899, St. Luke's Hospital, Denver, to Captain Ward B. Pershing of the United States Army.

On September 2, at Petrolia, Ontario, Canada, Margaret Jane Edmunds to Rev. William Butler Harrison. They will live in Louisville, Kentucky. Miss Edmunds was a missionary nurse at Seoul, Korea.

On September 14, at St. Andrews Church, Toronto, Elizabeth McLeod Patton, graduate of the General Hospital, Montreal, and for many years superintendent of Grace Hospital, Toronto, to Dr. Charles John Currie, B.A.

ON October 10, at Fort Worth, Texas, Jennie S. Cottle, one of the older graduates of Harper Hospital, Detroit, and president of the Graduate Nurses' Association of Texas, will be married to Forrest M. Beaty. They will live at The Cordova, Fort Worth, Texas.

ON September 10, Iva Cliff, class of 1904, Asbury Hospital, Minneapolis, to T. J. Benson, M.D., a graduate of the University of Minnesota. They will live at Fromberg, Montana. Miss Cliff has been during the past year assistant secretary of the Hennepin County Graduate Nurses Association, Minneapolis.

DEATHS.

ON July 31, at Montclair, New Jersey, Annie M. Cook died suddenly of heart failure. Services and burial were at Philadelphia on August 3. For thirteen years Miss Cook held the position of lady superintendent in Dr. Howard A. Kelly's private sanitarium in Baltimore. She was highly gifted, with a singular force of character and of a charming personality, exerting a strong influence upon all with whom she came in contact. The faculty reposed implicit confidence in her judgment. Although a thorough disciplinarian, she won the love and esteem of the nurses, whom she always treated with kindness and consideration. In the patients' rooms, her presence was a benediction, infusing hope and courage in the weak and despondent. Hundreds will mourn her loss.

Miss Cook was devoted to her profession, was a true Christian and a loyal churchwoman. However arduous the duties of the preceding week, she seldom failed to be present at the Lord's table on Sunday morning at Emanuel Church. Those who knew her will long cherish the memory of a dearly beloved friend.

ON August 14, at the City Hospital, Augusta, Georgia, after a three weeks' illness of typhoid fever, Mrs. Armstrong, who was Alma Cohen, class of 1904, Park View Sanitarium, Savannah, Georgia. Mrs. Armstrong is the first graduate of the school to be taken by death.

ON August 2, at Seattle, Washington, Sara L. Cook, class of 1886, Indianapolis City Hospital Training School.

HOSPITAL AND TRAINING-SCHOOL NOTES



[Through the unfamiliarity of the assistant editor of the JOURNAL with the eastern schools, and from a confusion in distinguishing between the Philadelphia Hospital Training School and the Philadelphia School for Nurses, there slipped into this column in the July number a notice of the graduating exercises of a short term school. It has never been the JOURNAL's policy to countenance short term or correspondence schools and we regret the error that was made. We have heard before of annoyance caused by the similarity of name in these two schools, and it seems a pity that a school of inferior standing should have a title so like that of one well known and respected.—Ed.]

At the graduating exercises of St. Francis' Hospital Training School, Hartford, Connecticut, five nurses were presented with diplomas by Bishop Tierney. Dr. Marcus Johnson gave the address. The graduates were: Rose T. Moore, Anna T. Byrne, Josephine C. Horan, Mary G. Murphy, and Lea Benoit.

At Kalamazoo, Michigan, a colony for advanced cases of tuberculosis has been started, consisting of one main shack for four, three individual tents, dining and kitchen, and pavilion. Excellent results were seen within two weeks from its establishment. Seven hundred dollars was raised in one day by "blue flag day." The work was done on the spur of the moment to care for some wretchedly dangerous cases as regards infection.

THE Norfolk State Hospital Training School for Nurses, Norfolk, Nebraska, issues a modest circular which gives an unusually good curriculum for a state hospital. The theoretical training is very broad and the practical work of two years in the state hospital is supplemented by six months' affiliated training in some general hospital, including training in obstetrics. Special stress is laid on personality and character.

A DELIGHTFUL private sanatorium is being opened at Methuen, Mass., by Mary E. Barr, who has held the position of superintendent at Margaret Pillsbury Hospital, Concord, N. H.; the Eliot Hospital, Manchester, N. H.; and the Lawrence General Hospital, Massachusetts. An attractive, roomy mansion has been put into comfortable order for its new purpose and its shade trees and lawns make restful surroundings.

On November 1 there will be opened at Elyria, Ohio, the Elyria Memorial Hospital, in a fine new fire-proof building, three stories high, of pressed brick

and sandstone, situated within a half mile of the public square, yet removed from the noise and smoke of the city. There is provision for all classes of patients and it fills a need of the city which has not before had adequate provision for its sick. Virginia R. Witmer is superintendent.

THE Nassau Hospital at Mineola, Long Island, N. Y., issues its eleventh year book. Like most other institutions this has felt the financial stringency, so that there has been anxiety lest the work must temporarily cease, but the crisis was passed safely by the generosity of its friends. During the year two wings have been erected, a dispensary building and an operating pavilion, all gifts, and all completely furnished. These additions have required an increase of the staff of pupil nurses from eighteen to twenty-four, and the nurses' home has been correspondingly enlarged.

THE annual report of the Alumnae Association of the Montreal General Hospital Training School for Nurses appears in the form of a small brown booklet, containing the president's address, reports of officers, and names of members, all clearly given. The association has been conducting a registry for the past year which is most promising.

PLANS for the new dormitory for nurses at the Free Hospital for Women in Brookline, show a three-story, brick structure, to contain large classrooms, sitting-room, suite of apartments for the head nurses, suites of two rooms for the assistant head nurses, and twenty rooms for the regular staff of nurses. The structure will be of yellow brick with stone trimmings.

THE graduating exercises of the Grace Hospital Training School for Nurses, Toronto, were held on September 12 at 8 o'clock. The graduating class numbers fifteen.

THE graduate nurses of Toronto expect to hold a week's fête in Massey Hall, early in the month of November, for the purpose of raising funds with which to build a nurses' club-house.

CANADA is slowly coming into line in the matter of school nurses. Two school nurses in Montreal and one in Hamilton began work on January 1, 1906, and it is expected that Brantford, Ontario, will also appoint a school nurse in the near future.

CALGARY, ALTA., is building a new general hospital. Saskatoon, Saskatchewan, and Minnedosa, Manitoba, are also engaged in the same munificent work.

THE Massachusetts General Hospital, Boston, proposes to give a six months' course in institution management to a few graduates of its training school for nurses. Students will live outside of the hospital. They will be on duty every day in the week, except on Sundays, beginning at eight in the morning and usually completing their work at five in the afternoon. No tuition will be charged for this course and lunches will be provided for pupils by the hospital. The work will begin November 1, 1908, and May 1, 1909.

The course will be largely one of observation of the practical running of the different parts of the hospital. The pupil will observe the methods by which the various departments of the hospital are controlled. She will be instructed in the admission and discharge of patients; will acquire some knowledge of book-keeping, the ways of checking the purchase and use of supplies, and of conducting hospital correspondence. Instruction will be given in the methods of heating, lighting and ventilating buildings. She will spend some time in the storeroom of the hospital, the kitchen and diet-kitchen, laundry and the office of the training school. In the last named department she will be instructed in the relations of the training school to the other departments of the hospital and in the duties of the head nurses in charge of the large subdepartments, like the out-patient department, surgical building, and accident ward, and in the duties of head nurses in the wards. She will also receive instruction from the superintendent of nurses in the methods of admission of pupils to the training school, their rotation of duty and their special courses.

THE new Home for Nurses in connection with the Providence Hospital was opened in August. The nurses are now comfortably and happily installed, and greatly enjoy their new quarters.

NEW YORK STATE EXAMINATION

June, 1908.

ANATOMY AND PHYSIOLOGY

1. Name the bones of (a) the upper extremity, (b) the lower extremity.
2. What bones inclose (a) the thoracic cavity, (b) the pelvic cavity?
3. What is bone and how is it affected by diet?
4. What are (a) voluntary muscles, (b) involuntary muscles?
5. How are muscles attached to bones and to soft tissues? What are sphincter muscles?
6. What are synovial membranes?
7. Describe the course of the circulation of the blood.
8. Mention the purpose of the valves of the heart.
9. Name the digestive organs.
10. Give approximately the time of eruption of (a) the first teeth, (b) the second teeth.
11. Explain why care of the teeth is important.
12. What is gastric juice and in what part of the alimentary canal is it secreted?

13. What connection is there between the ear and the throat?
14. Name the excretory organs.
15. What is meant by assimilation?

BAACTERIOLOGY

1. What is bacteriology?
2. What conditions influence the growth of bacteria?
3. Through what avenues do disease-producing bacteria enter the body?
4. Define period of incubation of a disease.
5. What are antitoxins?
6. What are antiseptics?
7. Name three chemical substances in common use as germicides.
8. In what way are disease germs thrown off in pulmonary tuberculosis?
9. By what process may water suspected of being contaminated by disease-producing germs be made safe to use?
10. Describe either the fractional or the intermittent method of sterilization.
11. Why is the fractional method of sterilization used?
12. What is meant by taking aseptic precautions?
13. In what ways are bacteria excreted from the human body?
14. Tell how to dust a sick room. Give reason for the method employed.
15. What measures would you take to prevent bacterial contamination in disease?

DIET COOKING

1. What are the uses of water in the body?
2. Name three vegetable acids.
3. Give three examples of foods in which starch is found.
4. Of what value is sugar as food?
5. Give three examples of foods containing fat.
6. What hygienic effect has heat on milk?
7. How should an egg be boiled? How should it be served to an invalid?
8. How would you make a raw beef sandwich?
9. Why is stale bread more easily digested than bread freshly baked?
10. Give recipe for lemon jelly.
11. Outline a breakfast for a convalescent man.
12. Outline a dinner for a convalescent woman.
13. Give recipe for creamy rice pudding.
14. Of what value are fruits as food?
15. What are the requirements of food for a fever patient in order that proper nourishment may be obtained?

MATERIA MEDICA

1. Mention three ways in which medicines may be (a) administered internally, (b) applied externally.
2. What is the treatment of poison cases in general?
3. If a patient has taken a tablet of bichloride of mercury what is the first thing the nurse should administer while awaiting the arrival of the physician?
4. What are alkaloids?
5. Name two of the principal alkaloids of opium and state the dose of each.

6. Define cathartics or purgatives.
7. Give three examples of (a) laxatives, (b) saline purgatives or hydragogues, (c) cholagogues purgatives.
8. Define rubefacients and give three samples.
9. From what is cacao butter obtained?
10. From what is coca obtained? Name the alkaloid of coca. What is the most familiar preparation of coca?
11. How would you make (a) a flaxseed poultice, (b) flaxseed tea?
12. How would you prepare a hypodermic injection of strychnin sulphate gr. $\frac{1}{100}$ from tablets gr. $\frac{1}{100}$?
13. If given an order for a stimulating enema of whisky \mathfrak{z} ii, how would you prepare it and how would you administer it?
14. Define antemetlic and give three examples.
15. How would you prepare 2000 cc. of bichloride of mercury 1-3000 from a solution of 1-50?

MEDICAL NURSING

1. Mention two classes of local heat applications. Which class has the more marked effect? Which is the more depressing?
2. Mention two results that may be secured (a) by the application of local heat, (b) by the application of cold.
3. What three points should be observed in noting the character of the pulse?
4. What is (a) a dirotic pulse, (b) an intermittent pulse, (c) an irregular pulse?
5. What is the difference in frequency between the normal pulse of an adult male and that of an adult female? What is the normal pulse-rate of a child eight years old?
6. Describe (a) stertorous breathing, (b) Cheyne-Stokes respiration.
7. Describe the preparation of a patient to whom antitoxin is to be given.
8. Differentiate sunstroke and heat exhaustion. Outline the nursing care of each.
9. Describe a nursing measure that may be employed to obviate the necessity for catheterization.
10. What is the period of incubation in typhoid fever? What is the usual duration of the fever in moderate cases?
11. Mention two common forms of tuberculosis.
12. Outline the nursing care of each of the forms of tuberculosis mentioned in answer to question 11.
13. Define paraplegia, hemiplegia.
14. What serious condition may arise in either paraplegia or hemiplegia, directly traceable to poor nursing?
15. What are the nurse's duties in regard to the body of the patient immediately after death?

SURGERY

1. What is (a) an impacted fracture, (b) a greenstick fracture?
2. Tell what you would do, before the arrival of the surgeon, for a patient who was suffering from a fracture of one of the bones of the forearm and who had to be moved some distance.

3. What are infected wounds?
4. What is the aim of modern surgical technic?
5. What is intravenous infusion and under what circumstances is it employed?
6. Tell how you would prepare a patient for abdominal section.
7. At what temperature should the operating room be kept during operations? Why?
8. How would you care for a patient recovering from anaesthesia after abdominal section?
9. Give a routine method of cleansing the hands before caring for a surgical case.
10. For what purposes are bandages used in surgery?
11. What would you do (a) if your own clothes caught fire, (b) if the clothes of another person caught fire?
12. How would you control hemorrhage from the brachial artery?
13. Tell how you would (a) sterilize instruments before an operation, (b) clean instruments after an operation.
14. If a patient is suffering from shock following hemorrhage and the arrival of the physician is delayed for some time, what should the nurse do?
15. What rules should be observed in removing a dressing from a wound and applying a fresh one?

NURSING OF CHILDREN

1. What should be the temperature of the food given to an infant?
2. What position is best for an infant while feeding?
3. Mention a point to be observed by the nurse in bringing up a child on artificial food.
4. Give some of the causes of infantile vomiting due to improper care.
5. What physical development in the child indicates that other food than milk is needed?
6. How should a child's bed clothing be arranged at night?
7. At what season of the year and at what ages does diarrhoea usually occur among children?
8. To what faults in nursing may diarrhoea sometimes be traced?
9. How does cholera infantum begin? What nursing care is essential in cholera infantum?
10. What care is essential to the successful nursing of a child with meningitis?
11. Give the temperature of the bath for a child with convulsions.
12. What measures would you take to prevent colic in an infant?
13. How long should an infant be kept in the bath?
14. What special care should be taken in bathing a child?
15. How should a child with eczema be bathed?

OBSTETRIC NURSING

1. What are the three stages of labor? State when each stage begins and ends.
2. What care should be given the patient during the last stage of labor and for a short time after it?

3. In case of postpartum hemorrhage what should the nurse do while awaiting the arrival of the physician?
4. If a patient cannot void urine twelve hours after labor, what expedients should the nurse try before passing the catheter?
5. How should the nurse prepare the breasts a few hours after labor?
6. Why should the nurse take aseptic precautions when caring for the breasts?
7. How would you proceed to resuscitate the newborn in case of asphyxia?
8. When giving daily bath to the newborn what parts require particular care and attention?
9. What is the difference in composition between human milk and cow's milk?
10. What is modified milk?
11. If an infant is to be bottle fed, how many feedings would you prepare and how much would you give in twenty-four hours (a) from the third to the seventh day, (b) during the second and third weeks, (c) during the fourth and fifth weeks?
12. What is the appearance of the infant's normal dejecta after the meconium has been passed?
13. Mention the garments required for the newborn (a) in July, (b) in December.
14. What is the nursing care of a case of pernicious vomiting?
15. Give a list of articles to be sterilized and the utensils needed in a case of normal labor.

GENITO-URINARY NURSING

1. Define genitourinary.
2. Give two causes of variation in the amount of urine passed by a healthy adult in twenty-four hours.
3. Name the urinary organs.
4. What is the chief organic substance of urine?
5. How is the amount of urea increased?
6. How can the nurse determine the reaction of urine?
7. Tell how to pass a catheter.
8. What may cause false passages? How may false passages be prevented?
9. Describe normal urine.
10. Define oliguria, polyuria.
11. Describe the process of giving a mercurial inunction.
12. In caring for a case of gonorrhoea what precautions should the nurse take to prevent the spread of the infection?
13. Describe a simple method of giving a mercurial bath.
14. How is syphilis transmitted?
15. Define paraphimosis, prepuce, circumcision.

The result of the examination was as follows: number that took entire examination, 260; number who failed to secure the 75 per cent., 29. (Five others took examination in part.) Failures in the different subjects were as follows: practical examination, 7; anatomy and physiology, 18; medical nursing, 2; obstetrical nursing, 6; nursing of children, 22; bacteriology, 2; surgery, 2; materia medica, 18; diet cooking, 18.

PRACTICAL SUGGESTIONS



In the junior examination at Adams Nervine, Jamaica Plain, Mass., during the past year was asked this question: "State three ways each in which a nurse may economize the supplies of an institution in food, in dishes, in bed-linen, and in the strength of its nursing force."

The following answers were among those handed in:

FOOD

1. To economize in food, in bread for instance, use up all of one loaf before starting on another; make toast of dry pieces or stale bread, if there is any, before cutting up fresh bread for same. Do not put a lot of bread on a patient's tray who always leaves the greater part of it; try and bear in mind the quantity a patient usually eats when preparing meals. It is better to have the patient ask for more than to throw out the greater part of what was taken in.

2. In meats, etc., put sufficient on trays but do not load them, as an invalid loses her appetite when confronted by a large amount of food. A small amount daintily arranged is much better, as the patients will probably eat it all, whereas they would otherwise just taste of the other things and eat next to nothing.

3. Be careful to send back what is left over after meals are served, in good condition to the kitchen.

DISHES

Pile carefully, handle carefully, do not put glasses in too hot water; be careful about not chipping the dishes. In granite dishes do not leave them standing on the fire after you have used a part of the contents, as the part where it has been will scorch; do not let them boil or subject them to too great heat and break the enamel. Count them over often to see that the right number is present, if not, then find out what has become of them.

NURSING FORCE

1. A nurse may economize in strength of nursing force by, on her own part, taking good care of her own health, resting when tired instead of going out and becoming more tired. In short, trying to keep in good condition to perform her own work and help others if necessary..

2. By working in unity with other nurses; helping out if another is working harder than she is, and trying to help along with the work. In general without thinking or saying "That is not my work."

3. By trying to do as you would wish others to do for you, persuading tired nurses to stay at home and rest instead of going out all the time.

LINEN

A nurse may economize in linen by keeping a correct list, by having little holes attended to at once, by being careful about spilling medicines and by washing out stains. By being careful that ink-bottles are not left so as to stain the linen. By seeing that the linen is used for what it is intended, not for dusters, etc. By having certain times for changing and not keeping too much in the patients' rooms. By never putting it away while damp, or using it if it needs to be mended.



SOME ADVANCES IN INFANT FEEDING.—Dr. F. H. Lamb in the *Archives of Pediatrics* summarizes his paper as follows: 1. The most important thing in infant feeding is to know the amount taken in twenty-four hours. The only way to do it is to calculate energy quotients. 2. The percentage method is uncertain and complicated. 3. The quantity of food and not the percentage is desirable. 4. Overfeeding is the commonest cause of nutritional disturbance, and is a clinical entity. 5. Fat in cow's milk is to be feared. 6. Fat causes constipation, proteids do not. 7. Curds in stools are not proteid, but calcium soaps, fatty acids, or fats. 8. Casein is not difficult to digest, does not cause digestive disturbance, nor undergo putrefaction in the intestine. 9. The newborn infant can digest starch. 10. Dextrins and starches are valuable additions to milk feeding. 11. The volume of a child's food should depend on its weight and should never exceed 36 to 38 ounces. 12. The interval between feedings should never be less than three hours, and after the third month of life should be four hours.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

A MANUAL OF FEVER NURSING. By Reynold Webb Wilcox, M.A., M.D., LL.D., Professor of Medicine at New York Post-Graduate Medical School and Hospital; Consulting Physician to the Naassau Hospital; Visiting Physician to St. Mark's Hospital, etc. Second Edition. Price, \$1.00 net. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This volume consists of a series of lectures given to the nurses of St. Mark's Hospital. The subject is treated in the first five chapters generally, that is to say a lecture on the definition of fever; its causes; varieties, forms of recovery; recrudescence; relapse; range of temperature; symptoms. A second lecture on the thermometer; its use; charting and recording, etc., and so on through treatment, diet, disinfection, until at the fifth chapter the specific sorts of fevers are taken up and the treatment, so far as nursing is concerned, is discussed. The lectures have been put in shape for publication by Dr. H. H. Pelton, who has submitted some of the practical questions to Miss Annie M. Rykert, of the Margaret Fahnestock Training School for Nurses, so that the book comes to us with a sort of guarantee of merit.

MATERIA MEDICA FOR NURSES. With an Epitome of Official Drugs, Preparations and Chemicals, giving their Medicinal Uses and Doses; and Questions for Self-examination. By John E. Groff, Ph.G., Apothecary in the Rhode Island Hospital; Professor of Materia Medica in the Rhode Island College of Pharmacy. Fourth Revised Edition. Price, \$1.25 net. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

The fourth edition of this well-known work has been revised by Lucy C. Ayers, superintendent of Nurses' Training School of Rhode Island Hospital, with the collaboration of Dr. Herman C. Pitts. The special feature of the book is the list of questions following each chapter and

making self-examination possible and easy to the student. The last third of the book consists of an epitome of the official drugs, preparations, and chemicals, giving both Latin and English names; the synonym if there is one; the part of the plant used, or the origin, if chemical, with their medicinal uses and doses.

NURSING THE INSANE. By Clara Barrus, M.D., Woman Assistant Physician in the Middletown State Homeopathic Hospital, Middletown, N. Y. Price, \$2.00 net. The Macmillan Company, New York.

While this work forms a valuable addition to nursing literature, it is probable that its title will hardly convey a correct idea of its contents, and it is quite possible that disappointment awaits such readers as may be on the watch for strictly nursing methods taught by books. The writer knows her subject well—and writes with an enthusiasm most contagious—but in a general rather than a particular way and presupposing a knowledge of nursing methods in her readers that dispenses them from the necessity of learning by principle and practice the various subjects which make up the training of a nurse.

Having, however, removed from her mind that it is a text book on nursing, it is a book which every nurse would do well to read carefully, and keep by her for future reference if she has any idea of nursing the insane. This class has Dr. Barrus's sympathy enlisted; and it is hard to understand, after reading the book, why this class of nursing fails to appeal to the profession at large as it seems to do. Why it is left so much to a class who are not willing to spend the time, and devote themselves to the study, necessary to become registered nurses. Dr. Barrus claims that nurses for the insane require exceptional qualities of mind and character, that the lack of intelligence in the patient must be counteracted by a special intelligence in the nurse,—we heartily agree,—but what is actually true concerning the nurses who make up the majority in the enormous insane hospitals throughout the country, are they not for the most part drawn from the sources which provide the domestic service rank and file? Dr. Barrus quotes George Eliot in stating the need for humility and forbearance in the nursing of the insane. "To be anxious about a soul that is always snapping at you must be left to the saints of the earth." So that besides great mental capacity the nurse in this case must be a moral giant also, more than that, religious.

The book is ethical rather than technical, and this is not to be counted a fault, for it is not in the nature of a general training for nurses

that this special teaching is required, although a general training leads the nurse up to it very naturally. Charles Reade's favorite saying "put yourself in his place" might well be made the motto of the book; and most touchingly is the idea used by the author—prisoners and captives, free neither in mind nor in body; we are made to see the insane in a light that cannot fail to stir our pity and which ought to arouse our responsibility, and fairly drive us into specializing in this branch of nursing.

Some chapters in the book, though they bear directly on the nursing of the insane, notably Chapters eighteen to twenty-three inclusive, make profitable reading for any class, and throw powerful side lights on those difficulties of personality, our own or another's, which make us uncongenial, irritating, bad neighbors; and if one is not above taking a hint one may arrive at the solution of many a vexed question. Dr. Barrus preaches convincingly on the cumulative power of conditions, right and wrong; a text by no means new, and perhaps one is apt to think that the last word has been said on the subject; but this is the point of the book—that one must keep on saying the same thing again and again and yet again, "line upon line, here a little and there a great deal," as she puts it; that one may be constantly fortifying one's self in advance so that success, against any odds, may be attained when the test of character comes. There are words of grave warning, too, against those insidious influences to deterioration, in rushing after a remedy for every ache and pain, in encouraging exaggerated sensibility, and catering to irritable nerves; selfishness and lack of self-control exhibited in whatever form.

HYGIENE FOR NURSES. By Isabel McIsaac. The Macmillan Company, New York.

The second volume of Miss McIsaac's series of text-books for nurses is now out and is published by the Macmillan Company of New York in the same form and color as her first book, "Primary Nursing Technique." Twelve chapters, making 201 pages, are filled with exactly the kind of information which all nurses and all women need to have, given in Miss McIsaac's most forceful and concise language. There is not one superfluous word, and the pages seem to give off much of her personality and magnetism. The headings of the chapters are: Food, Air, Soil, Water, Sewage, Garbage, Causes and Dissemination of Disease, Personal Hygiene, Household Hygiene, School Hygiene, Hygiene of Occupation, Disinfection, Quarantine.

The highest authorities, such as Harrington, Egbert, Bergery, Abbott,

and Gilman Thompson, are quoted from freely. Synopses of laws governing public sanitation, the regulations for school inspection and for school nursing, of school hygiene and food adulteration are gone into extensively, and there is a wealth of personal comment and suggestion from cover to cover. For instance, in the introduction she says: "Men may provide pure water systems, good sewerage, clean streets and laws to govern them, but beyond that their control of hygienic conditions is limited, and it is upon the women we must depend for the wholesome food and surroundings which stand for good health. Pure water and good drainage will not insure a household nor hospital against epidemics, which harbor dirty ice boxes, cellars stored with decaying fruit and vegetables, dirty kitchen sinks, drains, bath tubs and water closets, unclean beds, unwashed bodies and clothing, bad ventilation and food, and rooms crowded with useless decorations covered with dust. The keynote of good health is cleanliness of person and surroundings, while the chief cause of disease is filth."

To us, perhaps one of the most interesting chapters is that on the Hygiene of Occupation, the contents of which is shown by its subheadings: (1) Those occupations which are dangerous to health from the materials used,—irritating gases, poisonous gases and fumes, offensive gases and vapors, poisonous dusts, irritating dusts, infective matter in dust, exposure to heat, exposure to dampness, atmospheric pressure, restricted attitude. (2) Those occupations which in themselves are harmless but are carried on under unsanitary conditions. (3) Occupations involving danger of injury. (4) Occupations which are dangerous neither to life nor health. The employment of women and children. The dangers of long hours. Physical differences between men and women.

The chapter on disinfection deals with the disinfecting powers of light, heat, chemicals, soap, the different fumigating gases, etc., with methods of dealing with excreta, clothing, walls and woodwork.

This book fills a long-felt want in the training school and will be valuable to nurses in all branches of public and private work as well as in the home, and answers questions continually being asked by nurses in school and public health work who have had no authority to turn to. It gives in simple language the gist of the principles of household hygiene which are so difficult to extract from the voluminous works of scientific writers.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE
MONTH ENDING SEPTEMBER 14, 1908

GEE, MABEL D., transferred from temporary duty at Camp John Hay, Benguet, to Division Hospital, Manila, P. I.

GIBSON, ELIZABETH GORE, graduate of the Boston City Hospital, 1903; appointed and assigned to General Hospital, Presidio of San Francisco, Cal.

HAENTSCHKE, AMALIE IDA, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

HALLOCK, MARY H., transferred from Division Hospital, Manila, to Zamboanga, P. I.

HEFFERNAN, JOSEPHINE R., formerly on duty at the Division Hospital, Manila, P. I., discharged.

KEE, MAUDE B., transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Will sail September 15.

KEENER, LYDA M., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

LUSTIG, GERTRUDE H., transferred from Division Hospital, Manila, to Camp Jossman, P. I.

MOORE, MARGARET, transferred from the Division Hospital, Manila, P. I., to duty in the United States. Reported at the General Hospital, Presidio of San Francisco, September 12 and assigned to duty at that hospital.

MORRIS, HANNAH P., transferred from Division Hospital, Manila, to Zamboanga, P. I.

NORDHOFF, PAULA E., transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Will sail September 15.

NOWINSKEY, FRANCES, recently arrived in the Philippines Division, assigned to duty at Division Hospital, Manila, P. I.

REID, ELIZABETH D., recently arrived in the Philippines Division, assigned to duty at Division Hospital, Manila.

ROTHFUS, EMMA, transferred from Camp Keithley, Mindanao, to the Division Hospital, Manila, P. I.

SELOVER, CLARA MARIA, formerly on duty at Division Hospital, Manila, P. I., discharged.

SWEENEY, MARY AGNES, transferred from Division Hospital, Manila, to Camp Jossman, P. I.

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